

SURNAMES (Block Letters)
IPUNI TRIMPONG

FIRST NAMES
MATHEW

Sex
M

PHONE NUMBER.....0547581918

ADDRESS OR RESIDENTIAL.....KOFORUMA

OCCUPATION
RTD

| MARITAL STATUS | | | |
|----------------|----------|--------|-------|
| MARRIED | DIVORCED | SINGLE | OTHER |
| ✓ | | | |

DATE OF BIRTH
.....

AGE
85

PLACE OF BIRTH
ASANTE R.

ANY ALLEGIC REACTION TO MEDICINE
No

NATIONALITY
HANAIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
17/8/17

| | |
|-----------------------------|---|
| NEXT OF KIN ISAAC | ADDRESS OR PHONE No. OF NEXT OF KIN 024924893 |
|-----------------------------|---|



INTERVIEW CLINIC & LASER CENTRE

Mathew Opuni Forampong 17772

17-02-17

Ch: Progressive loss of vision in RE for years.

Cataract+ (LE - 6 years)

OP: Pain+ (LE), Redness+, tearing+, Discharges+ (after sleep)
Surgery ϕ , DM ϕ , HPT ϕ

VR: NPZ?

VL: NPZ

A
30 02

① - Ind - ②

- Conj -

Clear - Cornea - Vasculature
Epithelium
Hyperpigmentation

Mo - ~~St~~ Mo

Mid-dil ~~HO~~ - pupil ~~HO~~ } Complicated
CO^R ⁺ MS⁺ - lens } cataract

g_p 1.0 - Ind - No new

Macular drusen

- Typ 1. End Stage Glaucoma
2. ~~RE~~ Complicated Cataract

- RE
1. Gutt Timolol RE Ld
2. Gutt Icar N. RE gd
3. See 3/n

Aug