

0248725177 - Telogy

RNAMES (Block Letters)

OSEI AKOTO

FIRST NAMES

ISAAC

Sex

MALE

HONE NUMBER.....

0549239676

DDRESS OR RESIDENTIAL.....

P.O. Box MD 571

CCUPATION

MINISTER (PASTOR)

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

TE OF BIRTH

AGE

10/8/1985

31

PLACE OF BIRTH

ACCRA

ANY ALLEGIC REACTION  
TO MEDICINE

NATIONALITY

GANAIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

11th November, 2016

NEXT OF KIN

OSEI AKOTO

ADDRESS OR PHONE NO. OF NEXT OF KIN

P.O. BOX MD 571

as (P) 11/11/16  
800.00  
n(P) 12/11/16  
100.00  
paid 200.00  
paid 26/11/16  
... 200.00

Medication - GHS 80.00  
paid 10/11/17

200.00  
Money in alc - GHS 160.00  
18/5/17 Ctd 199.00 (used)  
18/5/17

Money in alc - GHS 140.00



## INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Pastor Isaac Osei Atkoto  
DATE: 11/11/2016

CARD NUMBER: 14164

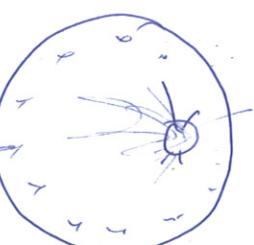
% Blurred vision in BE for 1yr. RCL.

Dmt (1byrs) <sup>not</sup>  
on meds), HPT <sup># (table)</sup> (finished), Asthma, scd <sup>#</sup>.  
last fbs 4.2 last FBS = 160%?

VR C@0.5Mns  
N: PTA

V-C@2mns  
6/60 PTA

DIP  
6/17



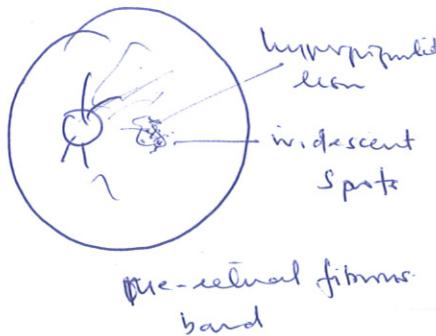
laser scar.  
pre-retinal  
fibrous band

— Pre-retinal

— lens Co<sup>+</sup>

— fundus

pale disc.  
engorged venules  
Sclerotic arterioles  
nake fundus



Hyp. ? Advanced PDR

M - O for OCT - macular  
fundus photograph.

② counselled on bld sugar control

WJ

Plan  
⑤ L/R PRP

then

⑥ L/R Arastm u/g

plan. Discussed this with patient  
see movie to start.

Wk

12-11-16

RS : Inf PRP

Time	Power	# of Spots	Spot Size
02	280	940	500

RS : Inf PRP

Time	Power	# of Spots	Spot Size
02	280	458	500

Plan  
⑥ Fobader

2d

B

afbs prostag  
(w) bid 3/7

in 1/2 PRP  
(R) supl PRP  
(D) supl



## INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Sobha

CARD NUMBER:                 

DATE: 26/11/16

~~RS. SUPPL PROD~~

Price	Per set	# 5 sets	Set Size
62	220	613	500

~~LS - SUP PROD~~

Price	Per set	# 5 sets	Set Size
62	220	1099	500

Plas  
○ Tobredex

med  
B

Drops Potent  
(med)

1/2  
Avastin  
Rx: 100  
Done 27/1/17

14-3-17 of review.

VR PL w/

in CT lungs  
at IPH

MB

- Stable lasered PDR.
- OV pale milky fund.

Plan: DO CT - malnutrition  
② LVA

See Dr M. Braun

30/03/17 → OCT - no malnutrition edema)

Plan: - absence

- To do LVA in week 3  
on 6/04/17

See YR

Dr. Braun



## INTER-STAR EYE CLINIC & LASER CENTRE

NAME: .....

CARD NUMBER: .....

DATE: ..... 18/08/17

Huft, healthy open eye on walking up.

Vn-

VL-

- No improvement in vision on  
LVA assessment

O/E 1 SQ

Plan: At- Tonometry BC  $BDT\frac{2}{5}2$   
At. patanol BC  $BDT\frac{3}{12}2$

See Dr

DR. BRUNAL

# 7Line Raster Report

ID : oai09201985

Name : Isaac OSEI-AKOTO

OD(R)

TopQ Image Quality : **65** mode : Fine(1.1.0)  
Capture Date : 3/29/2017 O.E.M:1.000x

3D OCT-2000(Ver.8.40)

PrintDate : 3/29/2017

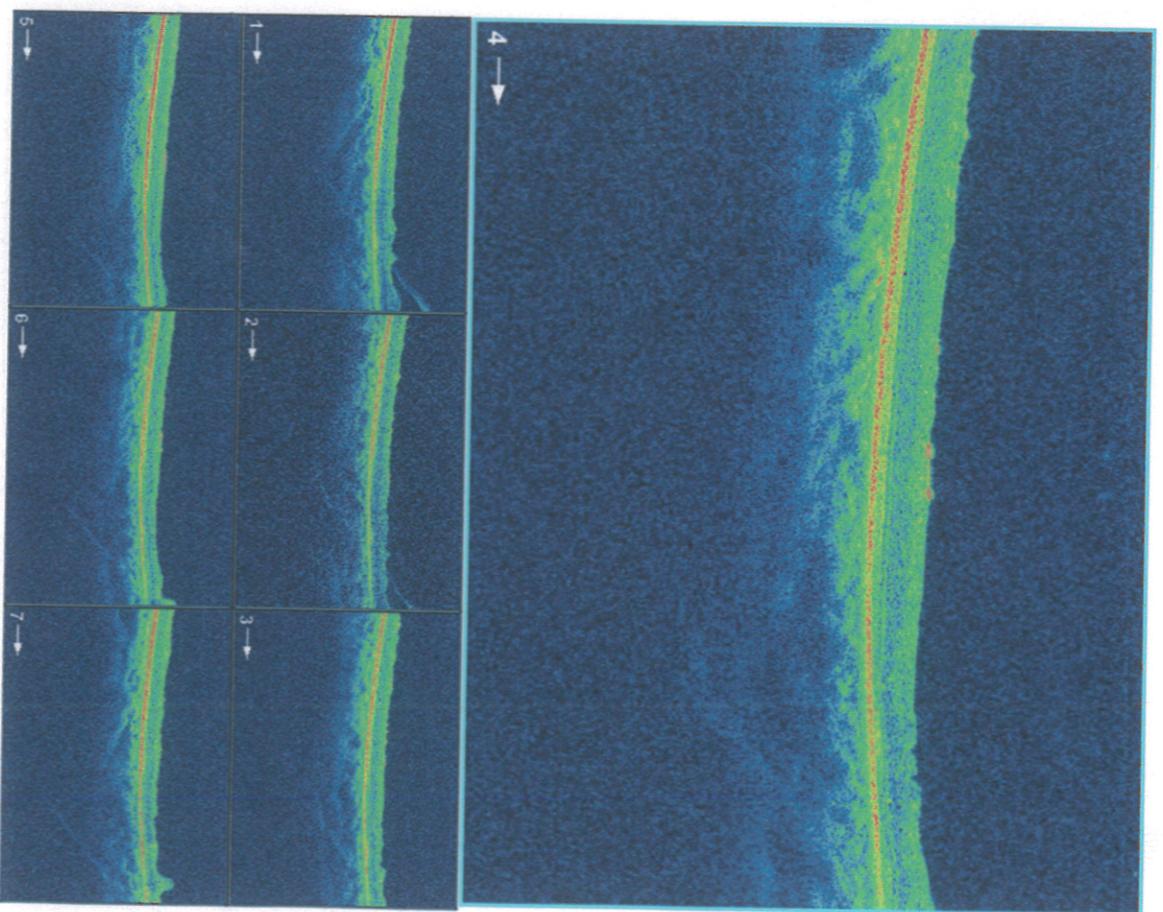
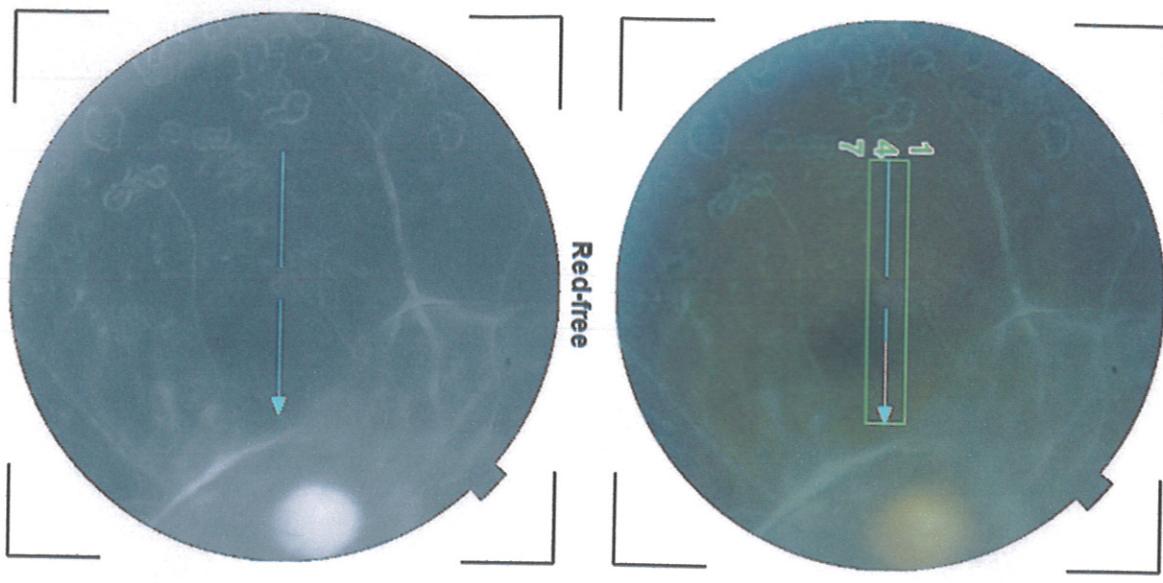
Ethnicity : African

Technician :

Gender : Male

DOB : 9/20/1985 Age : 31

Fixation : OD(R) External  
Scan : 7Line Raster(6.0mm - 1024 - 0.15mm)



AA1472 100658  
TOPCON

Comments :

Signature :

Date :

# 3D Macula Report OU

3D OCT-2000(Ver.8.40)

Print Date : 3/29/2017

TOPCON

ID : oai09201985

Ethnicity: African

Technician:

Gender : Male

Fixation : OD(R) External / OS(L) Macula

DOB : 9/20/1985

Age : 31

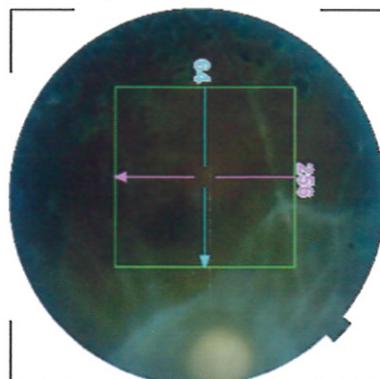
Scan : 3D(6.0 x 6.0mm - 512 x 128)

## OD(R)

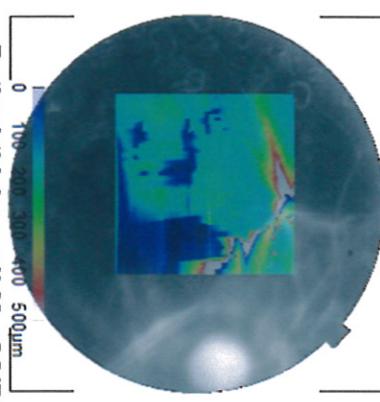
TopQ Image Quality : 17 mode : Fine(1.1.0)

Capture Date : 3/29/2017 O.E.M:1.000x

## Retinal thickness map ILM - OS/RPE / Red-free



Retinal thickness map ILM - OS/RPE(μm)



Shadowgram



Average Thickness (%)	(μm)
1	202.6
5	
95	
99	

Center Thickness	(μm)
181	

Total Volume	(mm <sup>3</sup> )
5.73	

ILM - OS/RPE Map	OS/RPE Surface
S	S

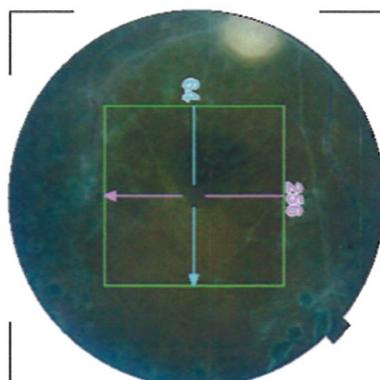
T	N	T	N
64	256	64	256

## OS(L)

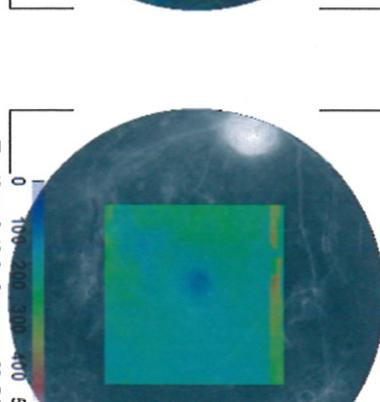
TopQ Image Quality : 30 mode : Fine(1.1.0)

Capture Date : 3/29/2017 O.E.M:1.000x

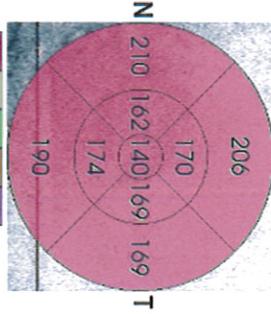
## Retinal thickness map ILM - OS/RPE / Red-free



Retinal thickness map ILM - OS/RPE(μm)



Shadowgram



Average Thickness (%)	(μm)
1	186.5
5	
95	
99	

Center Thickness	(μm)
133	

Total Volume	(mm <sup>3</sup> )
5.27	

ILM - OS/RPE Map	OS/RPE Surface
S	S

T	N	T	N
64	256	64	256

Comments :

Signature :

Date :

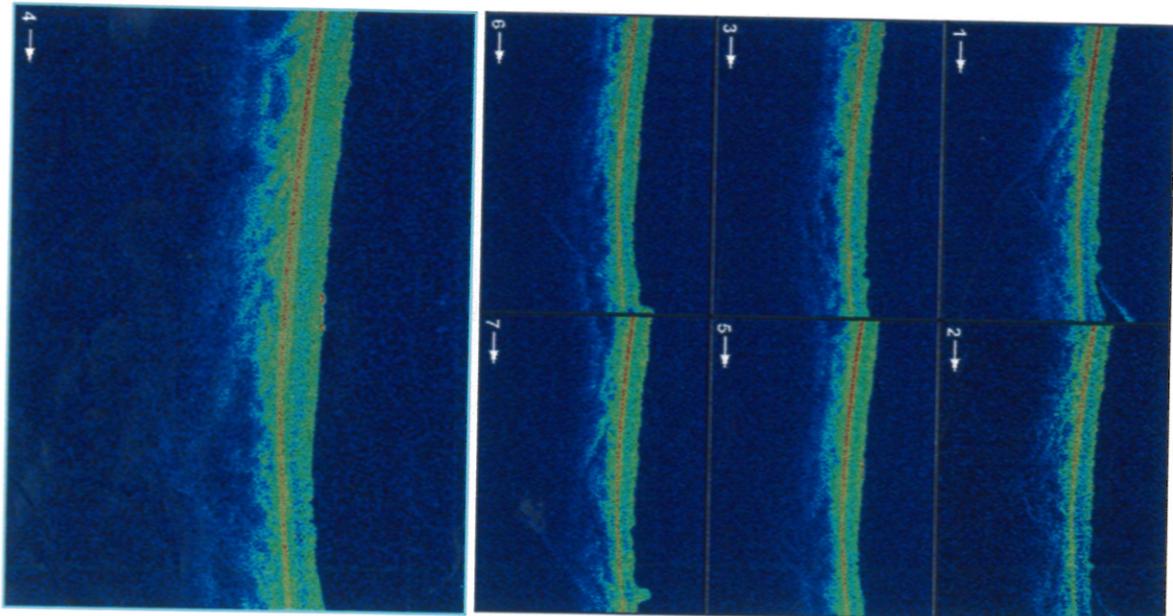
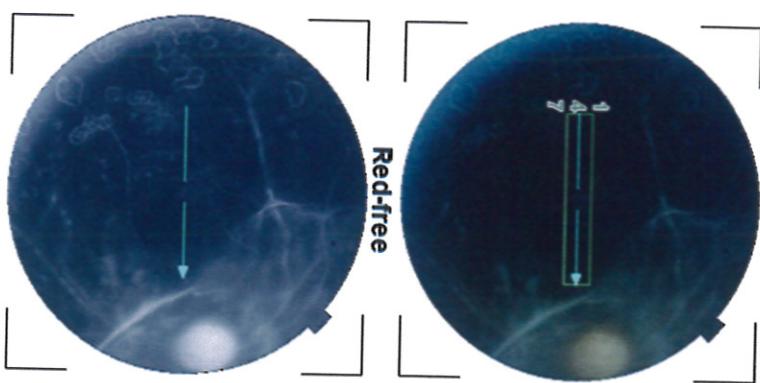
# 7Line Raster Report OU

ID : oai09201985

Name : Isaac OSEI-AKOTO

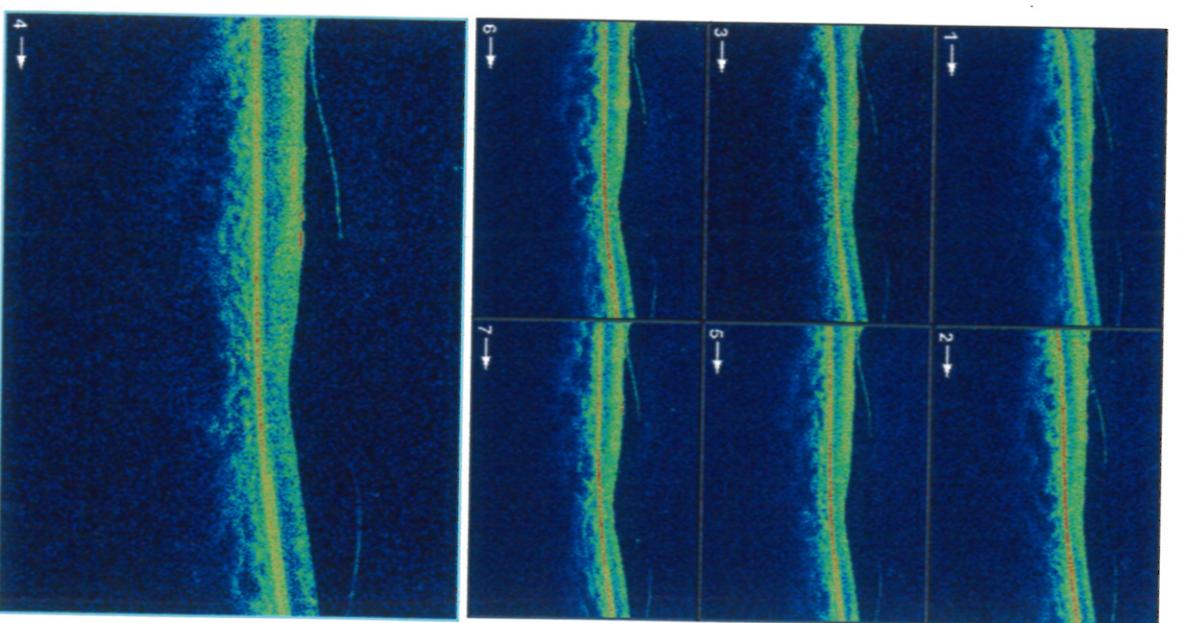
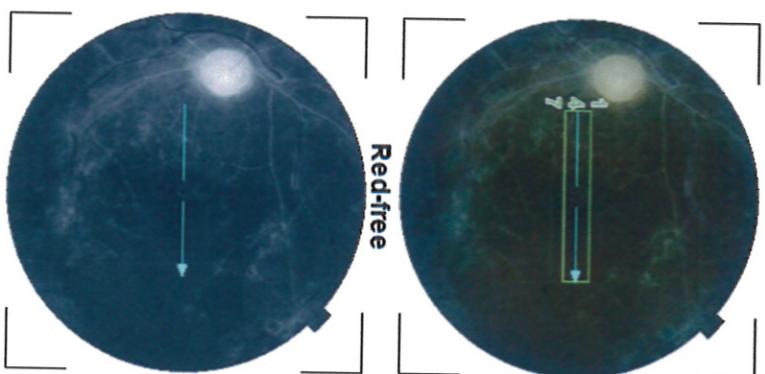
OD(R)

TopQ Image Quality : 65 mode : Fine(1.1.0)  
Capture Date : 3/29/2017 O.E.M:1.000x



OS(L)

TopQ Image Quality : 59 mode : Fine(1.1.0)  
Capture Date : 3/29/2017 O.E.M:1.000x



Comments :

Signature :

Date :

3D OCT-2000(Ver.8.40)

Print Date : 3/29/2017

TOPCON

Ethnicity: African

Technician:

Gender : Male

Fixation : OD(R) External / OS(L) Macula

DOB : 9/20/1985

Age : 31

Scan : 7Line Raster(6.0mm - 1024 - 0.15mm)

# INTER-STAR EYE CLINIC

5th Lane, Hse. No F525/1 Osu . 0302783832

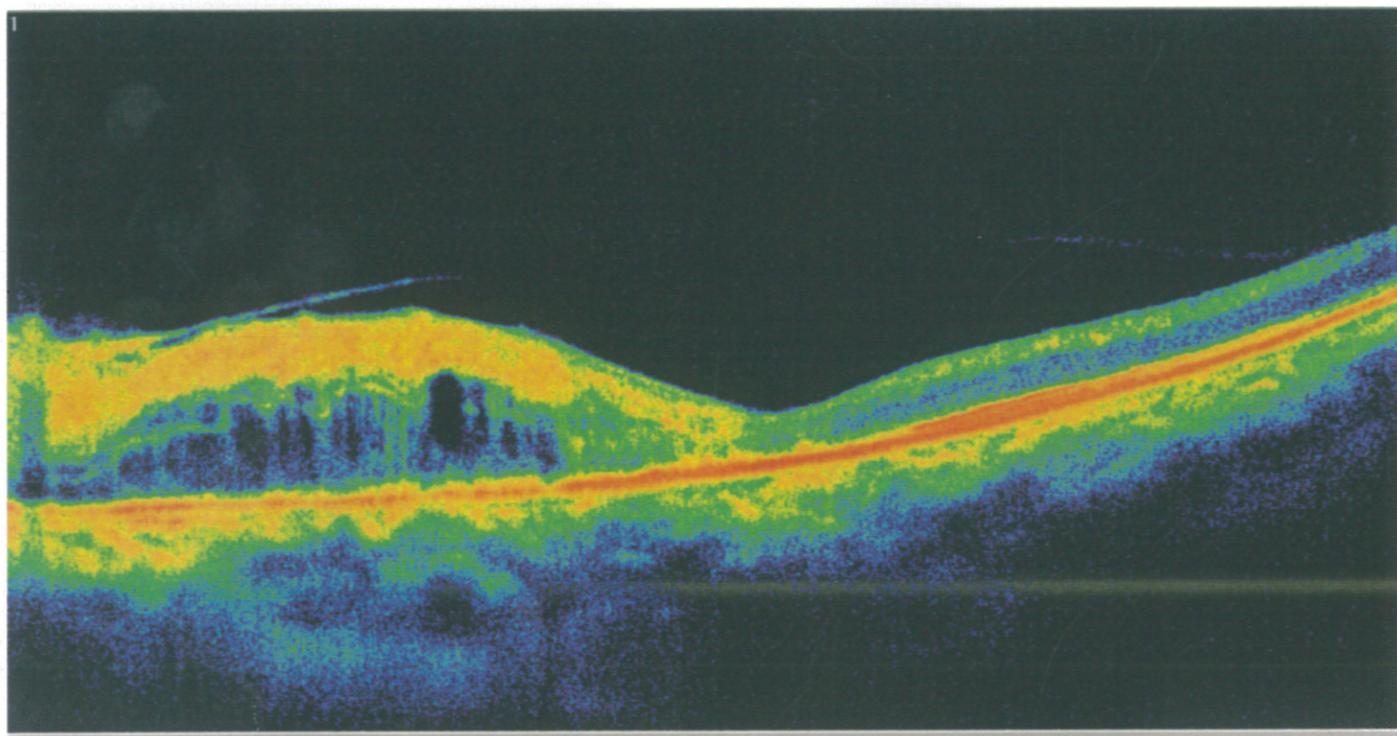
OS

Patient: OSEI-AKOTO, Isaac  
Physician: Dr. Ceesay  
Operator: Ahiabor, Edem K  
Disease:

Gender: M  
ID:

Exam Date: 11/11/2016  
DOB (age): 20/09/1985 (31)  
Ethnicity: African Descendant  
Algorithm Version: A6, 1, 0, 4

OS



Report Date: Friday November 11 16:07:33 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

Defining the OCT Revolution

optovue

# INTER-STAR EYE CLINIC

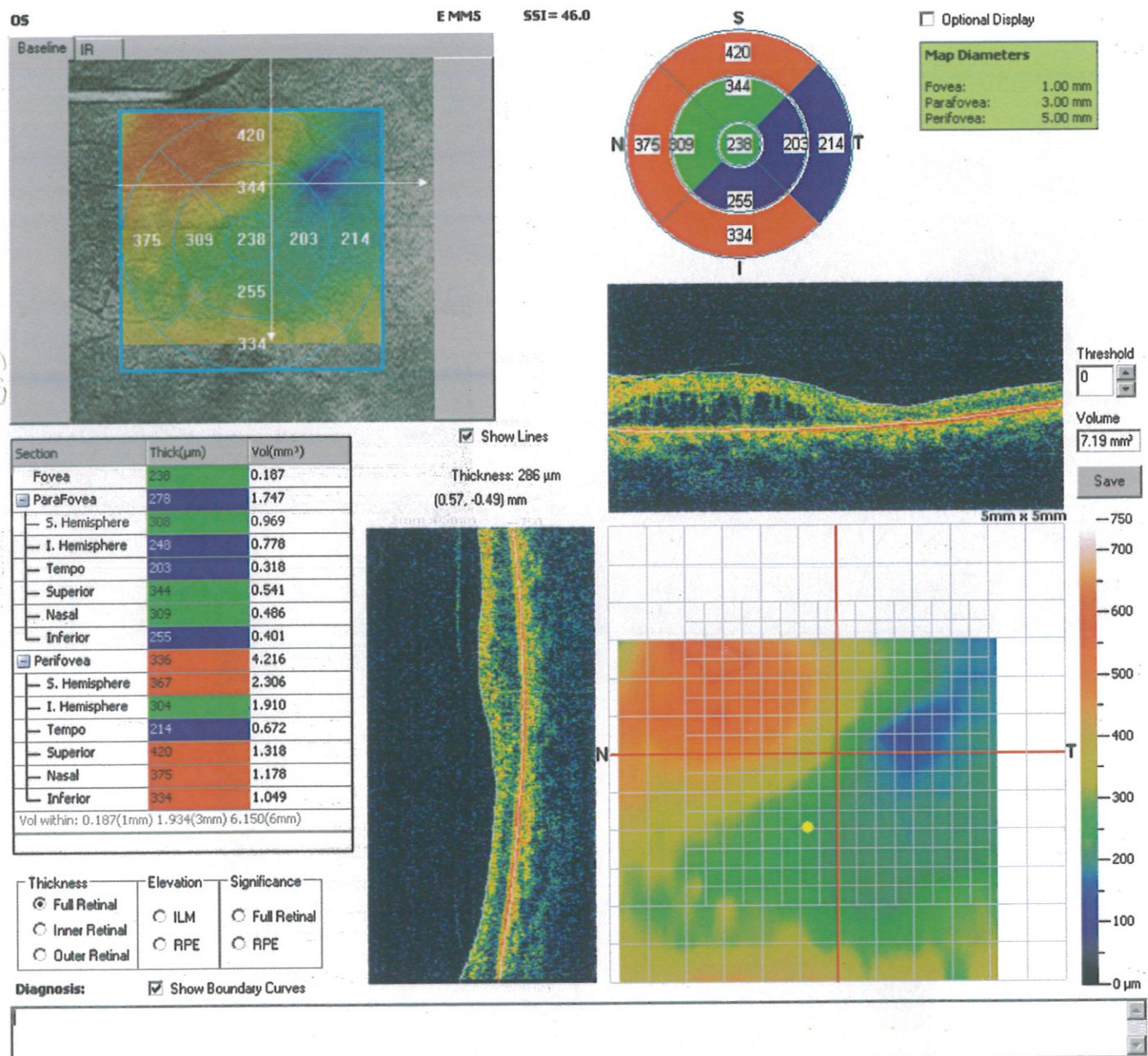
5th Lane, Hse. No F525/1 Osu . 0302783832

OS

Patient: OSEI-AKOTO, Isaac  
 Physician: Dr. Ceesay  
 Operator: Ahiabor, Edem K  
 Disease:

Gender: M  
 ID:

Exam Date: 11/11/2016  
 DOB (age): 20/09/1985 (31)  
 Ethnicity: African Descendant  
 Algorithm Version: A6, 1, 0, 4



Report Date: Friday November 11 16:09:35 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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# INTER-STAR EYE CLINIC

5th Lane, Hse. No F525/1 Osu . 0302783832

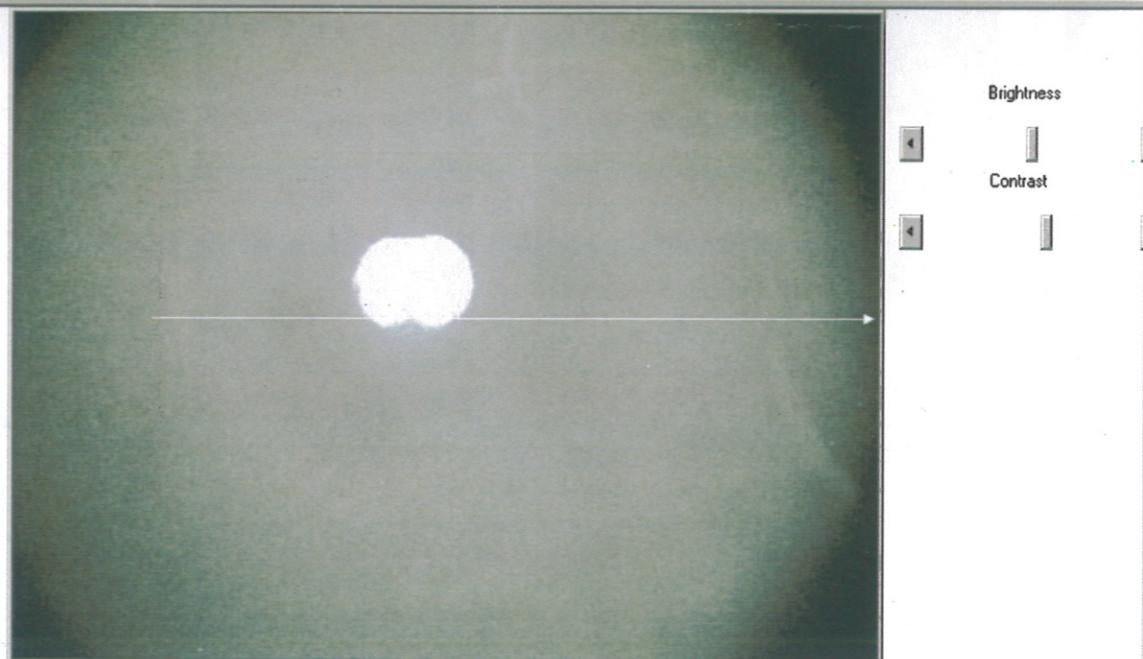
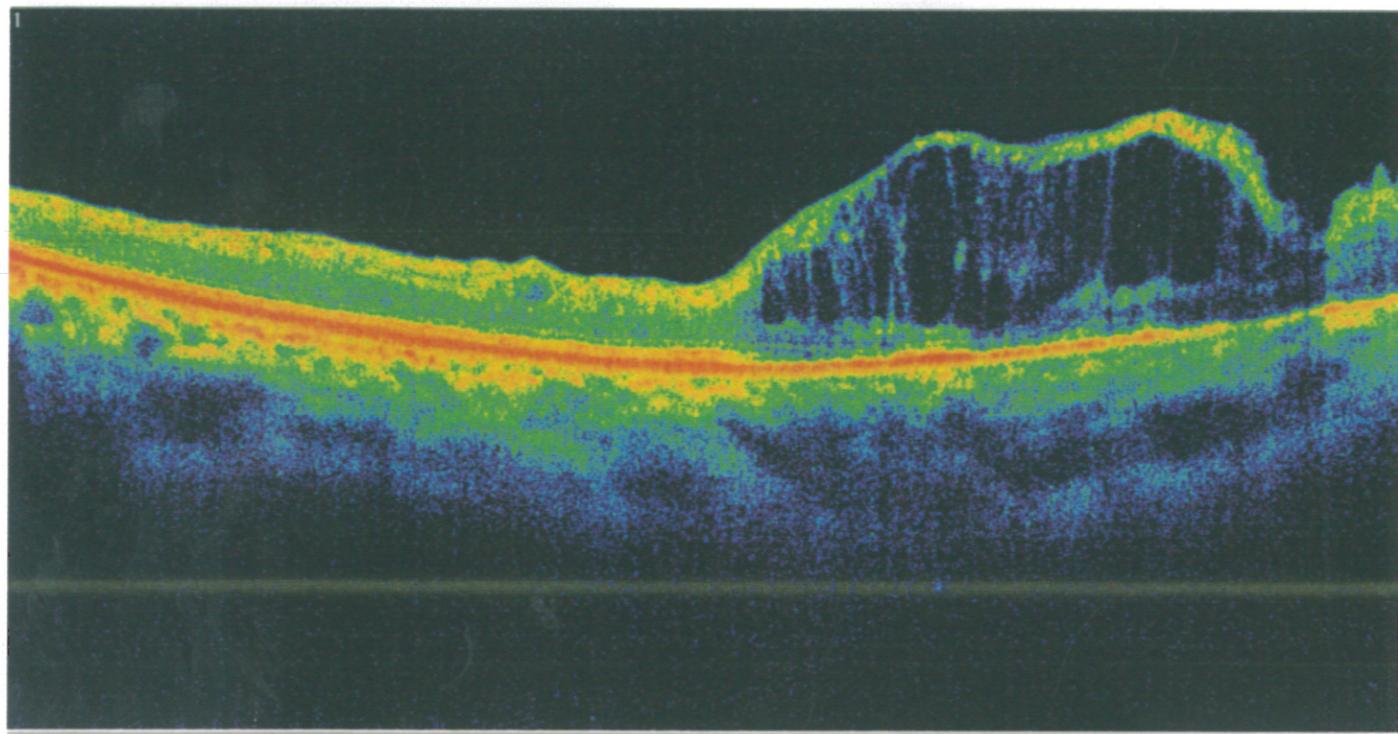
OD

Patient: OSEI-AKOTO, Isaac  
Physician: Dr. Ceesay  
Operator: Ahiabor, Edem K  
Disease:

Gender: M  
ID:

Exam Date: 11/11/2016  
DOB (age): 20/09/1985 (31)  
Ethnicity: African Descendant  
Algorithm Version: A6, 1, 0, 4

OD



Report Date: Friday November 11 16:07:05 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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optovue

# INTER-STAR EYE CLINIC

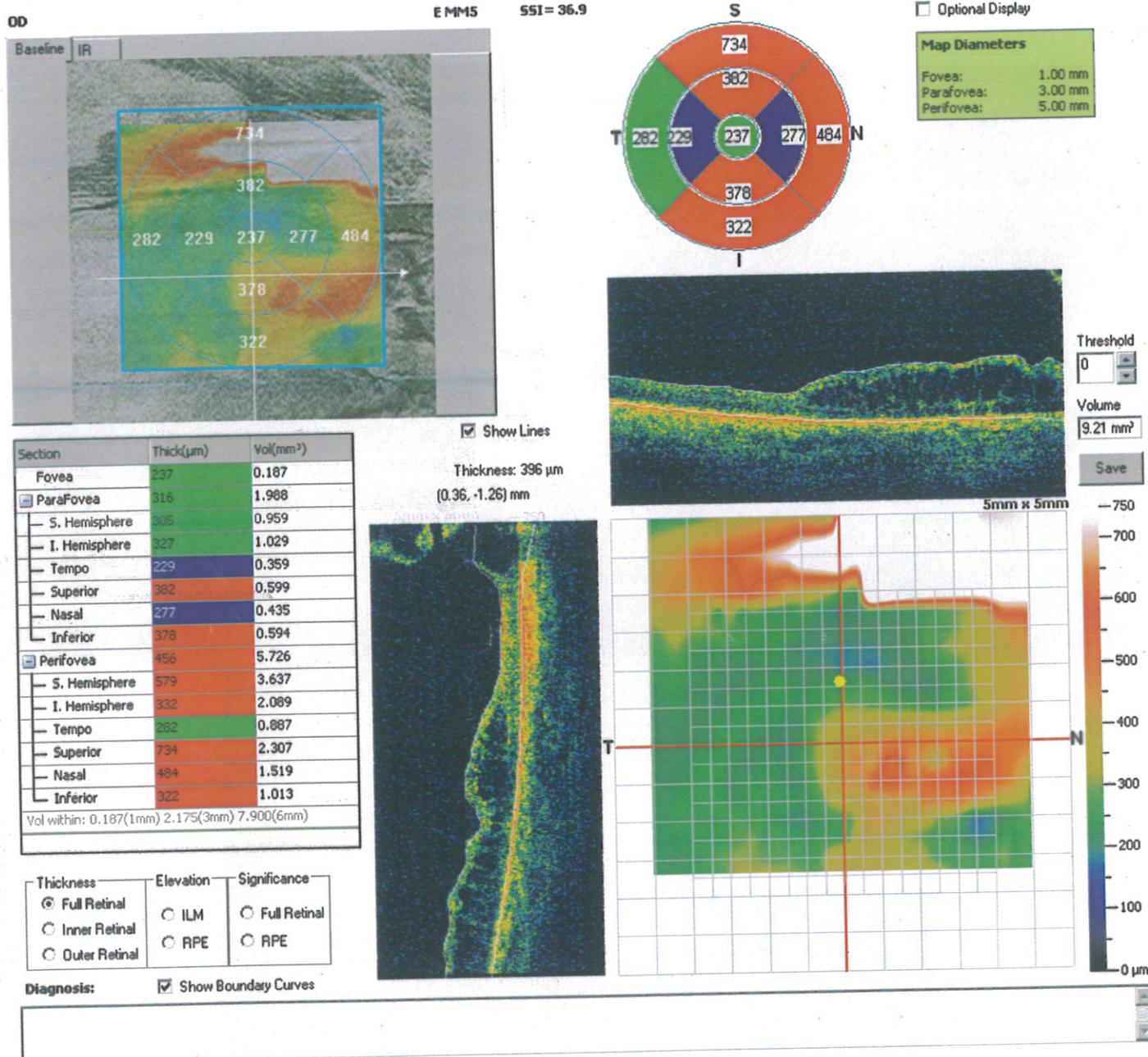
5th Lane, Hse. No F525/1 Osu . 0302783832

OD

Patient: OSEI-AKOTO, Isaac  
 Physician: Dr. Ceesay  
 Operator: Ahiabor, Edem K  
 Disease:

Gender: M  
 ID:

Exam Date: 11/11/2016  
 DOB (age): 20/09/1985 (31)  
 Ethnicity: African Descendant  
 Algorithm Version: A6, 1, 0, 4



Report Date: Friday November 11 16:13:44 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

Defining the OCT Revolution





## INTER-STAR EYE CLINIC & LASER CENTRE

### CONSENT FORM

NAME..... Isaac Osei Akoto .....

SEX..... Male .....

D. O. B..... 20th September, 1985 .....

ID NO..... 14164 .....

### OPERATION CONSENT BY PATIENT/RELATIVE

I..... Opoku Jelord Sylvia .....

On behalf of..... Isaac Osei Akoto .....

Hereby consent to undergo the operation of..... arastin injection (B.E) .....

The effect and nature of which has been explained to me

I also consent to such further or alternative measures as may be found to be necessary during the course of such operation and the administration of local or other anesthetic for the purpose of same

I understand an assurance has not been given that the operation will be performed by a particular surgeon

Signature of patient/relative..... *J. M. S.* .....

Date ..... 25th January, 2017 .....

I ..... have seen this consent before surgery and explained the nature of the operation to patient/relative

Signature of Doctor.....

Date ..... .



Name Isaac Osei-Akoto  
dob 20/09/1985  
exam date 11/11/2016

Inter Star Eye Centre, Osu



Name Isaac Osei-Akoto  
dob 20/09/1985  
exam date 11/11/2016

Inter Star Eye Centre, Osu

14164



# INTER-STAR EYE CLINIC & LASER CENTER

Loc: 10th Lane H/No. F764/1 Osu, RE Accra, Old American Embassy Road, Opposite  
Buka Restaurant Near Citizen Kofi. E-mail: Interstareyeclinic@gmail.com Tel: 0302-783832 / 027-7755354

NAME: \_\_\_\_\_ TEL HOUSE \_\_\_\_\_ WORK \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DATE OF TEST <i>11-11-16</i>	R PRESCRIPTION GIVEN							
	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
Dist								
Inter								
Read								

HEIGHTS R L	MONO		BLANK		TECH SIG. CHECKED		
	R	L					

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME			
	LENSES			
	COATING			
	SUNDRIES			

PLEASE TICK	TOTAL		
	VOUCHER		
	BALANCE		
	DEPOSIT		
	BALANCE		
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE

SYMPTOMS & HISTORY		OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY <i>cfc 0.5m ws</i>	SUBJECTIVE 6/R      NL I PZ 6/L      -1.00 / -1.00 x 90 Binoc ADD	ACCOMMODATION = 6/ R 0.5 Rdg ADD 76/60 = N
MUSCLE BALANCE <i>Auto</i> R -1.50 / -0.75 x 98 L -1.25 / -1.00 x 84		RETEST DATE