

SURNAMES (Block Letters)

NUMON

FIRST NAMES

RANDOLPH

Sex

MALE

PHONE NUMBER

0243046939

ADDRESS OR RESIDENTIAL

C 38 R 5 TOWN COUNCIL LINE

LATER BIOKORSHIE

OCCUPATION

STUDENT

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

12/1986

AGE

30

PLACE OF BIRTH

ASSIN FOSO

ANY ALLERGIC REACTION
TO MEDICINE

NATIONALITY

HAWAIIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

29/8/2017

NEXT OF KIN

BERONICA A. NUMON

ADDRESS OR PHONE No. OF NEXT OF KIN

0244032705

17 800/eed

2 (pa) 12/10/17



INDEPENDENT EYE CLINIC & LASER CENTRE

Numon Randolph

DATE 17 9 08

DATE 29-8-17

q/c. Seeing floaters in RE for >1yr. frequent discharge! not applying any drops.

SCD⁺(SC), Asthma, DM, HPT & sudden loss of vision in LE 5yrs ago. n c/o o/m us
UR 6/5ua. w/PH

JUN
14 11
Isectin = Pupil - RAPD +
- lens - cataract + 100%
Temp anterior fundus - Temp, anterior
recov. + Inf FVP
- measure pigment
scr

plan
O R/L formers
Cass

12-10-17

RS. Temp low

Run	Power	# of spots	Spot size
02	250	371	500

Plan

① - 100% def
2d RS

for 4/12

②

16.11.17 q. for review. still on drop

V_R: 6/12

V_L: CF @ 1/2 m ua

all fine

Top

Clear - lens - psc centered

14 12

Temp Layer - fulcrum - Temp, Int / SP
Arcade FVP
Sess

- pigment marks
Sess

for 3/12

Plan

① - 0.68 m



INTERIM EYE CLINIC & LASER CENTRE

NAME

CARD NUMBER

DATE 9-2-18-
 9/1 Redness, pain and fb sensation in RE
 for 1/2.

no E/que in cfo 0.5mm

(R) Conjunctivitis

Vegetative-type - LADDT

TOP
 1412

- lens - contact + psu
 Contact

For primary
 laser scars

- forky - measure point
 scars

- Vortex Standard

- V/H

pre

2/5 / (O) kerat
 and
 (O) Exocan
 and
 RE

8/12

MINISTRY OF HEALTH
PRESCRIPTION FORM

Name Numon Randolph Sex male

Age 29 yrs Reg. No.

Date of Attendance 28-1-17

Dear Sir,
Above-named has referred
himself to me with a complaint
of medial pain, Right leg, due
an old R.O. on L.E. He is a
Kwara State Govt. patient, SC
I'm referring for more expert
examination & management.

Name of Prescriber Dr. Daoud Mohammed - Ameen

Signature [Signature]

Institution MAMPROBI POLYCLINIC

SYMPTOMS & HISTORY		OCCUPATION HOBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
<i>6/5 R</i> <i>cf 0.5 M</i>	6/R <i>plano</i> 6/L <i>no I</i> Binoc ADD		= 6/5 R Rdg ADD <i>76/5</i> L = 6/ <i>cf 0.5</i> = N
MUSCLE BALANCE			RETEST DATE
<i>Ardo</i> <i>R -0.75/-0.25 X 25</i> <i>L Error</i>			