

URNAMES (Block Letters)
RKH

FIRST NAMES
NAOMI

Sex
F

PHONE NUMBER 0244039021

ADDRESS OR RESIDENTIAL TARKWA

OCCUPATION
RAIDER

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

DATE OF BIRTH AGE
DEC-1980 36

PLACE OF BIRTH
ADANSI AKROKERRI

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
ANIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
2/11/16

| | |
|------------------------|---|
| NEXT OF KIN IC NIMO | ADDRESS OR PHONE No. OF NEXT OF KIN 0554106326 |
|------------------------|---|

8/1/18



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Md. Naomi Arkoh

CARD NUMBER: 14031

DATE: 2/11/2016

History: - Pains, itch in both eyes; started over a year ago.

burning sensation⁺, tearing⁺,

Asthma⁻, diabetes⁻, Sickle Cell⁻, Hptn⁻

U_R 6/6u9

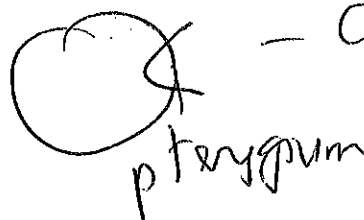
U_L 6/6u9

of E



eyelid - papillae

clear - conj - clear



cornea -



pterygium

A
10 16
at
11:10am

dlq - AC - dlq
brown - iris - brown
R/R - pupil - R/R

imp - 1 Allergic Compunctus
2/ Bilateral pterygia
PLAN

Gutt Patanol BE bid
Gutt Teos Naturale BE qid
Gutt Florex BE bid

See 2/52

To DBE on arrival

See.

16-11-16 % Review.

OR 6/6na
qb - pains in BE
Posterior segment exam

transparent - lens - transparent

clear - vitreous - clear

cor 0.4 - fundus - cor 0.4

PLAN
Continue treatment.
Counselled for ~~pt~~ pterygia excision
+ MMC
See 1/52
Gutt Nevanac BE qid

See.



INTER-STAR EYE CLINIC & LASER CENTRE

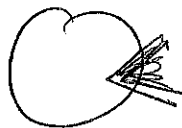
NAME:

CARD NUMBER:

DATE: 25-1-18

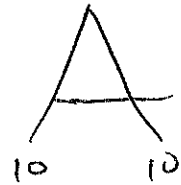
q/c Pain, Aching and tearing in BT for
a while.
w/ b/s us w/ b/s us.

Lean
of E



atrophic
pterygia

clean cornea
deep AC
n/a pupils
clear h



0.3 CVA 0.3

hyp. Bil pterygia

ph. for Bil pterygia exam + msc

2. \Rightarrow please look
2. but refresh tears b/wy - 100

[Signature]

02/08/18

Seen

VR: 6/18_{ua}

VH: 6/5_{ua}

int. cpl

nam², headache^o

of=

injected

entire intact

clear cornea

o

ph: 1. full tobrades only
2. full Exocine only
3. full Azular only

NE

4. full FML - new only
5. full re-pet tears only

6. See 2/52 (P_{no} request distance)

W^h

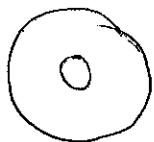
No complaints

VR: 6/6_{ua}

VH: 6/5_{ua}

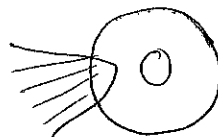
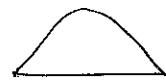
18/8/18

A7 < 18
14

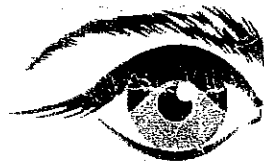


Q

C. L.



Q



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE:.....

Adv

(RE)

To beaderx eld
4 times / day x 2 week
3 times / day x 2 week

Acular 15 eld

2 times / day x 1 mth

(LE)

Refresh tears eld
4 times / day

(LE)

Pterygium excision + CLAG.

Renew in 1 mth



TAR EYE CLINIC & LASER CENTRE

CONSENT FORM FOR ADULT/CHILDREN

Arkoh
e
2/1980
51

OPERATION CONSENT BY PATIENT/RELATIVE

Nimo
aomi Arkoh
I go the operation of Pterygium Excision (L.E)

which has been explained to me

other or alternative measures as may be found to be necessary during the
and the administration of local or other anaesthetic for the purpose of same

It has not been given that the operation will be performed by a particular

Signature of patient/relative: 



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>2-11-16</i> | R PRESCRIPTION GIVEN | | | | | | | | |
|--------------------------------|----------------------|-----|-----|------|-------|-----|-----|------|-------|
| | | Sph | Cyl | Axis | Prism | Sph | Cyl | Axis | Prism |
| P.D. <i>7mm</i> | Dist | | | | | | | | |
| | Inter | | | | | | | | |
| | Read | | | | | | | | |

| HEIGHTS | | MONO | | BLANK | TECH SIG. CHECKED |
|---------|---|------|---|-------|----------------------|
| R | L | R | L | | |

| DISPENSING NOTES | FRAME | DESCRIPTION | GH¢ | P |
|------------------|----------|-------------|-----|---|
| | LENSES | | | |
| | COATING | | | |
| | SUNDRIES | | | |
| | | | | |
| | | TOTAL | | |
| | | VOUCHER | | |
| | | BALANCE | | |
| | | DEPOSIT | | |
| | | BALANCE | | |

PLEASE TICK
CASH ☐ CHEQUE ☐ CREDIT CARD ☐

| DISPENSED BY | CHECKED BY | RECEIVED BY | DATE |
|--------------|------------|-------------|------|
|--------------|------------|-------------|------|

+1 BT

V_R 6/24

V_L 6/24

| | | | |
|-------------------------------------|------------|-----------------------------|---------------|
| SYMPTOMS & HISTORY | | OCCUPATION HUBBIES | |
| EXTERNAL EXAMINATION OPHTHALMOSCOPY | | FIELD TONOMETRY COLOUR ETC. | |
| OPHTHALMOSCOPY | SUBJECTIVE | | ACCOMMODATION |
| R 6/6u | 6/R Plano | = 6/6 | R |
| L 6/6u | 6/L Plano | = 6/6 | L |
| | Binc ADD | | Rdg ADD |
| MUSCLE BALANCE | | RETEST DATE | |
| Auto | | | |
| R Plano / -1.00 x 148 | | | |
| L +1.00 / -1.75 x 21 | | | |