

SURNAMES (Block Letters)

AGOGO

FIRST NAMES

EMMANUEL

Sex

MALE

PHONE NUMBER.....

055551114/3.

~~0506333533~~

ADDRESS OR RESIDENTIAL.....

G 23/7 GIFFARD RD
TRADE FAIR - LA

OCCUPATION

BUSINESSMAN

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

DATE OF BIRTH

1/7/51

AGE

66

PLACE OF BIRTH

Dzobze

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY

GHANAIAN

RELIGION

CATHOLIC

DATE OF FIRST ATTENDANCE

NEXT OF KIN

VWNS AGOGO

ADDRESS OR PHONE No. OF NEXT OF KIN

0506333533

400. - paid 26/11/17
inf 3600. - w paid 3/11/17
00, aid 2/11/17
00, w

25/11/17 medicate - Gmt 128. ~
Total - Gmt 2469. ~
aid 24/11/17
25/11/17 medicate - Gmt 155. ~



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Emmanuel Agogo

CARD NUMBER: 18557

DATE: 23-10-17

Q: Blurry vision will be for about year.
Flashes in L.E for a while.

DM +, IAPT +, N/A on any drops.
Surgery +

V_R: CF@ 1m, ve 4/60 ph

V_L: CF@ 1m, NI ph

Reaction - pipe tonel

Refractive + poor lens - also called hirs
cataract

14/16 4/60 - fables 4/60

- Plan
- ① RE: Phaco + IOL
 - ② L: AC-IOL implant
 - ③ PBS, PBS
 - ④ R: Tarsal fold PBS

Sn 4/52

Biometry (R.E)

K1 - 42.49

K2 - 43.21

AL - 23.57

TOL(p) - 20.50

(0.04)

(L.E)

K1 - 42.83

K2 - 43.16

AL - 23.27

TOL(p) - 21.50

(0.04)

iovue

Model : AC 6025

Power : 18.00 D

S. No. : PSP3182 267018

Dim : 6.00 X 12.5 mm

Type : Anterior Chamber

3/11/17 LS : A/C - IOL Implantation
IOL - 18.0 D

4/11/17

Vc OF (2w)

pr. 6/36

① Center Suture intact
A/C - IOL +2 mm

Type
if

- ① Preop fundus
- ② Excuse L.E
- ③ Vaginal delivery
- ④ Feb. Antenatal 30 wks yrs

Surgeon



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: CARD NUMBER:

DATE:

Su 6/
7

- (5) feels Hexam
4 yrs old
(6) draws & tells

09-11-17 q.s. for review - still on meds

V_L: CF@ 4m near 9.12-3 pH

(1) AK - +1 cm, AK-18

IHS - 84% p. I

TOP
14 13

plan
(1) feels pedromine
2as yr
16ms yr

(2) free fast 2hrly L

(3) tender red L

(4) Viganco X red L

Su 7/5/2

23. VII

Q = For review
Prop. finished today.

V_L: 6/12 -

6/9 -
P7

Anterior - Sutures intact

(1) Anterior - DR

Plan

(1) Anterior flat

6/7 C

(2) Excavated C

(3) R. Plan C

4. Anterior B

(6) R.E. Plan + DR

24-11-17

Re.: Fists - Plan,
Zonular lysis \rightarrow Ecl + DR(G)

iovue
Model: AC 6025
Power: 18.00 D
S. No.: PSP3182 267028
Dim : 6.00 X 12.5 mm
Type : Anterior Chamber

25/11/17

V_L 6/12 Pn 6/24

(2) Anterior - Sutures intact
Anterior - DR



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE:.....

① Plas post op hrs RE
6x □

② Vigox 2el 2s
③ silver 2el ps
④ diamox pd p

8m 5/7

28-11-17 dc pain in RE for 1/2.

VR 6/60ue, 9/24pt n 6/18ig , 6/12ptt

O/E swollen lids ++ (ul)

tearing ++

blepharospasm +

diffuse injection

clear cornea

deep AC

AC in inst.

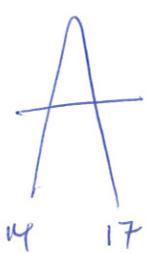
1. gutt med forte buly
 2. gutt vijawas sealy | NE
 3. gutt Atalar buly
 4. tas diamox 200g tds
 5. tas ciprofloxacin 300g bd x 1/2
 6. See thursday
 7. tas diclofenac 100mg bd x 5 (after food)
 8. cancelled in ocular hygiene
(threw tissue after using).
- [Signature]*

30.11.17 Q: For review

FB sensations and excessive tearing in LE ~~+~~
Since yesterday.

$$V_R: 6/24^{-2} \text{ ua}$$

$$V_L: 6/18 \text{ ua}$$



Ques
ACIOR

Ans - Mild conj injection



ACIOR
Vibram in AC

Mr. 1. gutt med forte LE buly
RF buly

2. gutt vijawas BE jd
3. gutt Atalar BE jd
4. tas diamox 200g tds
5. See gutt R. icar LE 4 buly
6. See 3/0

Abruf



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 18/12/17

qc Pain and redness in RE for 1/7. Drops finished 2/7 ago.

MR 6/18 ms, G12 PH

VL 6/24 ms, 6/12 ph

Seen

All eye drops exhausted

of e

swollen lids (no)
diffuse injection (no)

clear corneas

deep AC

AC ir

up. rebound inflammat

plc. 1. gtt povidone 6hly.

2. gtt Azelar 6hly

3. gtt Refresh tear 6hly

4. See 3/52

BES.

12-1-18 c/c Review: pain in RE for 2/7.

Bred forte finished 4/7 ago. sees floaters
in RE for > 1/2.

VR 6/24(0), 6/18 ph n. 6/18² us, 6/12 ph.

Sem

of e

Qriet

clear cornea

deep AC

AC ir

Imp: satisfactory pseudophakia

Plan: 1. quit bred forte daily | RE
2. gtt Refresh tear b/dly |
3. See 3/52
→ refract.

WJL

5/3/18

do: For review, patient complains of pain in
the right eye.

~~Has run out of~~ Bred forte

JAL: 6/18⁺¹

JAL: 6/18⁻¹

ph: 6/18⁺¹

ph: 6/12⁻¹

Normal Lid - Normal

injected
Achor

-O/S

Gullet

Acid



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Emmanuel Agogo
DATE: 8/5/18

CARD NUMBER:

Plan
1) Auto Refresh Forte BE Ed
2) Auto Refresh Tears BE Ed
③ Oce Dexadur BE nocte
See in 2 weeks.

16-05-18

Q: Pain, redness, photophobia +, tearing in RE for a while.
FB sensations in LE

R: 6/60 ve 6/24 -
 $\frac{1}{14}$

V_L: 6/60 ve 6/60 pt

Hyp/None - Any - Hyp/Venue

Clear Other - Clear
TOL - TH - TOL

TOP
14/15

Su Yr
exam + med
charts

① Tolerance
and
② Examinations

30-5-18 of seeing cobwebs in 18-line
Surgery, floaters, flashes & drops
finished 1/2 ago -
up 6/12pm, 6/12pm in '66'er, 6/26 pm

See

of

Quint pseudophakia

Ac in

distorted pupil

- Plan 1. put Tisvader 12dy
2. put Releve trans 6dy } next
3. See 12/S2
for review of refocti
of diverse glasses.

Wk



INTER-STAR EYE CLINIC & LASER CENTRE

CONSENT FORM FOR ADULT/CHILDREN

NAME:	Bunsmuel Agogo
SEX:	Male
D.O.B:	21/7/51
ID No:	18567

OPERATION CONSENT BY PATIENT/RELATIVE

I, Fuliu Agogo,
On behalf of Bunsmuel Agogo.

Hereby consent to undergo the operation of

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 anaesthetic 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: Jukwaa

Date: 24/11/17

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

Signature of Doctor:

Date:



Patient Name : EMMANUEL AGOGO
Patient Age : 2017 Yrs
Patient Gender : Male
Visit # : GWL42373GB17
Lab # : 54883

MEDIFEM MULTI SPECIALIST AND FERTILITY CENTER

(FASTING BLOOD SUGAR /)

Test	Result	Range
1 Fasting Blood Sugar	7.1 MMOL/L	3.3 - 6.4

Authorised Signature.....
Medical Lab Technologist.....

Printed Date / Time: 24th October, 2017 6:39 am

Westlands Branch
Hotlines: +233 209601736, +233 554110224, +233 302433963
Location: Magaret Anderson Avenue, Westlands, Accra, Ghana

Dzorwulu Branch
Hotlines: +233 501256036, +233 302779566
Location: Blohun Street, Opposite Exclusive Men's Wear, Dzorwulu, Accra, Ghana

MEDIFEM HOSPITAL

ID: 54883

Mode: WB - All

Time: 24-10-2017 07:40

Name: AGOGO EMMANUEL

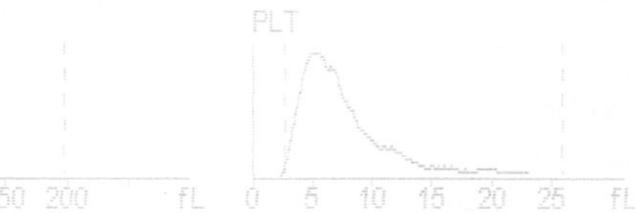
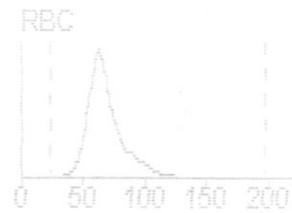
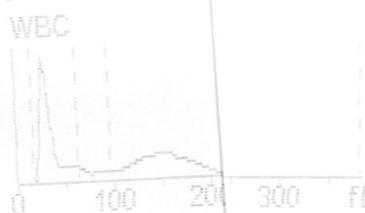
Gender: Male Age: 66 years

Chart No.:

Bed No.:

Dept.: O.P.D

Parameter	Result	Ref. Range
WBC	5.7 $\times 10^9/L$	4.0 - 10.0
Lymph#	2.2 $\times 10^9/L$	0.8 - 4.0
Mid#	0.5 $\times 10^9/L$	0.1 - 1.2
Gran#	3.0 $\times 10^9/L$	2.0 - 7.0
Lymph%	37.8 %	20.0 - 50.0
Mid%	8.7 %	1.0 - 15.0
Gran%	53.5 %	40.0 - 70.0
HGB	13.7 g/dL	12.0 - 17.0
RBC	4.39 $\times 10^{12}/L$	4.00 - 5.74
HCT	40.6 %	36.0 - 51.0
MCV	92.7 fL	80.0 - 100.0
MCH	31.2 pg	27.0 - 34.0
MCHC	33.7 g/dL	32.0 - 36.0
RDW-CV	13.9 %	10.0 - 16.0
RDW-SD	49.6 fL	35.0 - 56.0
PLT	161 $\times 10^9/L$	100 - 400
MPV	9.6 fL	6.5 - 12.0
PDW	15.0	9.0 - 18.0
PCT	0.154 %	0.108 - 0.500



Sender: DR. OICE

Tester: MARK

Checker: APPIAH-DAÑQUAH

Name: EMMANUEL AGOGO

Age: ---

Gender: F

Date: 10/23/2017 5:42:17 PM

Lab No:

HEAMATOLOGY

Test	Result	Range
BLOOD GROUPING	AB RH 'D' POSITIVE	

Authorised Signature.....



Medical Lab Technologist.....

Print Date: 10/23/2017

Print Time: 7:10 PM

12th September, 2017

TO WHOM IT MAY CONCERN

Mr. Emmanuel Agogo, 66 years old male, visited our hospital on 11/09/17 with complaint of reduced and cloudy vision in both eyes. He has undergone cataract surgery on the left eye elsewhere.

His vision in both eyes was counting fingers at 1 meter. His intraocular pressure on both eyes was 16mmHg.

He was diagnosed have age-related nuclear cataract in the right eye and aphakia in the left eye.

He was advised to do Phacoemulsification with Intraocular lens Implantation surgery on the right eye and anterior vitrectomy with glued intraocular lens Implantation surgery on the left eye.





INTER-STAR EYE CLINIC & LASER CENTRE

CONSENT FORM FOR ADULT/CHILDREN

NAME:	Emmanuel Agago
SEX:	Male
D. O. B.:	02-07-1951
ID No.:	18567

OPERATION CONSENT BY PATIENT/RELATIVE

Julius Agago

On behalf of Emmanuel Agago

Hereby consent to undergo the operation of

PHACO + IOL (R.R.)

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 anaesthetic 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:

Date: 26th October 2017

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

Signature of Doctor:

Date:



INTER-STAR EYE CLINIC & LASER CENTER

18567

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>5-3-18</i>	R PRESCRIPTION GIVEN							
	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
Dist								
P.D.								
<i>67mm</i>								
Read								

HEIGHTS	MONO		BLANK		TECH SIG: CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME			
	LENSES			
	COATING			
	SUNDRIES			

	TOTAL	
	VOUCHER	
	BALANCE	
	DEPOSIT	
	BALANCE	
DISPENSED BY	CHEQUE <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>

SYMPTOMS & HISTORY	OCCUPATION Hobbies	
EXTERNAL EXAMINATION OPHTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY OR: 6/18 ^H UL: 6/18 ⁻¹	SUBJECTIVE 6/R +0.75/-0.75x120 = 6/12 6/L -0.50/-0.50x90 = 6/12 Binoc ADD +3.00 J7	ACCOMMODATION R L Rdg ADD = N
MUSCLE BALANCE <u>Auto</u> R phewl -0.75x179 L -0.75 -0.75x107	RETEST DATE	

18567



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NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R PRESCRIPTION GIVEN							
	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
23.10.12	Dist							
P.D.	Inter							
67mm	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	SUBJECTIVE	ACCOMMODATION
Cfelmue	6/R	N I Cfelm
Cfelmue	6/L	+12 -00 D.S. = 6/6 Rdg ADD Binoc ADD +3.00 DS → 5.2 L = N
MUSCLE BALANCE		RETEST DATE
Dupe R Err		

L +12.25 /-1.00 x 132



INTER-STAR EYE CLINIC & LASER CENTER

18567

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NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST <i>30-5-18</i>	R				PRESCRIPTION GIVEN				
	Dist	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
P.D. <i>66mm</i>	Inter	<i>+050</i>	<i>-100</i>	<i>125</i>	<i>plus</i>				
Read	<i>+30</i>				<i>+300</i>				
HEIGHTS	MONO		BLANK		TECH SIG. CHECKED				
R L	R	L							

DISPENSING NOTES	DESCRIPTION		GH¢ P	
	FRAME			
	LENSES			
	COATING			
	SUNDRIES			

PLEASE TICK	CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>	TOTAL
				VOUCHER
				BALANCE
				DEPOSIT
				BALANCE

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
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SYMPTOMS & HISTORY	OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY	SUBJECTIVE
6(24m)	6/R +0.50 -1.00 x135 = 6/12 (N)plw Binoc ADD
6(65 ²)	= 6/80
Rdg ADD	R 76/12 L = N
MUSCLE BALANCE	RETEST DATE
Auto R +0.50 H. @ x134. L Error	85