

FIRST NAMES (Block Letters)

TE BOAH

FIRST NAMES

ELIZABETH

Sex

FEMALE

PHONE NUMBER

0244281778 0576281575

ADDRESS OR RESIDENTIAL

ANOSTHIE

OCCUPATION

BUSINESS WOMAN

MARITAL STATUS

MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH

3/75

AGE

41

PLACE OF BIRTH

KIBI / EIR

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY

ANIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

2/11/16

NEXT OF KIN

ADDRESS OR PHONE No. OF NEXT OF KIN

MARTINSON TEBOAH

0270996464

2/11/16

3500/- paid 3000.00
paid 2/11/16.

500/- paid 21/10/17

paid 4/11/16.



INTERSTAR EYE CLINIC & LASER CENTRE

NAME: Md. Elizabeth Yebosh

CARD NUMBER: 14033

DATE: 02-11-16

% wants LASIK Blurred vision without glasses.

Dm⁺ (9 yrs, on tabs), HPT⁺ (9 yrs, on tabs), Asthma ϕ , SCD ϕ .

Last fbs 7.5.

Allergic to Sulphur drugs.

VR Cflc/mns, 6/18 gl

VR. Cflc/mns, 6/18 gl

6/12⁻² ph.

6/18 ph

R/L Topography.

of E
normal - eyelid - normal

clear - conj - clear

clear - cornea - clear

dk - AC - dk

brown - iris - brown

R/L - pupl - R/L

O⁺, PSCT - lns - COT, PSCT

clear - vitreous - clear

COR 0.4 - fundus - CDR 0.4

A
18 18

at

12:40pm

- To counsel for RT phase + HSL

BONNET RY (RT)

19 - 45.2

Kr-45.5

Al - 22.64

10L(p) - 22.00
(-0.16)

21.5° (0.17)

iovue MODEL :FS 6025D POWER : 22.00 D
Optic Ø : 6.00 mm Over All Ø: 12.50 mm
 Mfg.Dt: 2013 / 09 Exp.Dt : 2016 / 08

04-11-16

Re: Alvaro + DR

22-0D

05-11-16

V₂ CF(4th) Ph: B/B₆

(R) Gaff - hyp Venue

Gheea- sudet (-), Striefe
kechts

Al₂ - + 2 Al₂

pc pr

(1) Mes
predator ~~prey~~
bait
P.C.

② Alexan Qelpe

③ Herancas

(4) ~~fall~~ draw the ^{and} ~~fall~~

Su Yr



INTERSTAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 9-11-2016

4% Review

V_R 6/18 ua 6/9 pH
(dark shadows).

V_L 6/18 ua, 6/9 pH

① Cong - hyperemia

Cornea - S-T hse

AC - + (all)

PEM

DIP
L
16 14

Plan

② Tobradex

2wks

③ neovane exp

④ Alloxan
one
per

Dr. C/S

11-16 of Review. Difficulty seeing with RE.

VR 6/sep/16, 6.6⁻ ph

(R) Cornea - clear

AC - +1 cells

PCATL

plan

① LE. Phaco + IOL

② Tobradex

6x₂₅

③ Atropin and
REF

8u 2/2

25/11/16

LE - Phaco + IOL
IOL : 21.0

26-11-16

VL 6/sep ph. 6/-

(R) Gauz hypothenar

Cornea - Shallow kerato

AC - +2 cells

iovue

MODEL : FA 6025D POWER : 21.00 D
Optic Ø : 6.00 mm Over All Ø : 12.50 mm

Mfg.Dt: 2013 / 10 Exp.Dt: 2016 / 09



Lot. S.No: FOC3107 103529



INTERSTAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE:

Plan

- ① doesn't eat ps.
- ② avoid fatty hs.
- ③ vigorous act. hs.
- ④ exercise ev. hs.

su Y/S

30-11-2016.

C/C: Review

V_R 6/18 w/
6/6 p/t

Had it Phaco + IOL 5/7 ago.

OE RT
quiet
IOL

V_L 6/9⁺³ w/
6/6 p/t

L
~~1/10/11~~

Subconjunctival
hemorrhage
clear - op. near
AC - d/lq

brown - ins - brown
RER - phil - RER
quiet - less - quiet 102
102

▷ Bilateral Pseudophakia

PLAN

Continue Gutt Pred forte LE 1 hourly

Gutt Nevanac LE qid

Gutt Vigamox LE qid

Pbs Diamox 250mg tidn bd x 1/2

See 1/2

Gutt Tobradex RE 6x daily

Gutt Aloron RE qid

See 1/2

See

See



NAME:

CARD NUMBER:

DATE:

9/12 Review. Tobradex and nevanac finished.

vp 6/18mg, 6/9pt. n 6/5mg

MP +1 cm - Ax - +2 cm
12/13 PCDO - lens + CDR

Plan

① ~~first fit~~
~~Tobradex~~

6x $\frac{1}{2}$

2nd $\frac{1}{2}$

3rd $\frac{1}{2}$

② nevanac

2nd $\frac{1}{2}$

3rd $\frac{1}{2}$

③ Vigan + 2nd $\frac{1}{2}$

3rd $\frac{1}{2}$

④ Refine lens 2nd $\frac{1}{2}$

3rd $\frac{1}{2}$

3/12/16
Lingue

forste \Rightarrow Tobradex.

Su Y/S

0-12-16 Q.C. Review.

VR 618 mg, 619 ptz n 618 mg

+1 Cells - A/C - +1 Cells

DPP
14 12

PCR - Cells - PCR

Plan

③ Tolbutamide

2nd BE

④ Metformin

Aloxan 2nd C

⑤ Re-Wash Tres
2nd BE

8/18
Re-Wash

Exchange

digoxin \Rightarrow Tebredex, Ciloxan.

bol. in a/c = \$4610.00

(6-12-16) Head aches for 7/7
VR 618 mg, 619 ptz VL 46 mg.

DPP
14 13

+1 Cells - A/C - +1 Cells
PCR - Cells - PCR

Plan
④ CT

⑤ Lab rotation,

8/18



INTERSTAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE:

% Review -

VR 6/30² ns, 6/9 ph.

VR 6/5 ns

+1 lens -4% +1 lens

DW
15/14

PCAOE - lens - OCTO
4/63 - plus - 4/63

Phs
O Tobradex 2ml
25

84 8/
52

O.R. Tears 2ml

Rochange -
cinoxan → Tobradex.

91 4420-00
paid 31/12/16.

11/02/17

8 sea康樂

V_R 6/6 fl., 6/2 6/9 +2 V_L 6/6 fl., 6/1 true
(refraction).

+1 aux ALE - +1 aux

W₄ - fund - 9/10 ♀
dark

① watermark,
2nd
25

② R. Tiers
2nd
25

③ Batajan
6d
PC

8m 4/2



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 11/3/17 Review

c/o: No new complaints.

V_R 6/6 fl

V_L 6/6 fl

+1 all Alc - +1 all

PCDR Lns - PCDR

DP
14/4

Plan

① Latency

ted

② R. Jel 5%
ted

free %

8/04/17 of diverse pains is no for 2%
Photo Photos +

+1 all Alc - van Gogh
PCDR Lns - PCDR

Plan

① Tobramycin 2ml

② R. Jel 5% 10ml

DP
16/4

sin %

22-4-17 % occasional photophores in BB

VR Glagpl v 6/5, 6/5-6/1

MP
18 18

fl. curr. - fine curr.

pHDL - lens - pHDL

Mus

① Tetrahex ^{tot}
_{BS}

8/12 6/5
① R. Tens ^{tot}
_{BS}

27-5-17 % Review. Drops finished

VR Glagpl v 6/5-6/1

clear - white - clear

MP
15 14

fl. curr. - AK - rare curr.

pHDL - lens - pHDL

effo 35 futures - $\frac{1}{4}^{03}$
plan

① fine-red tail

8/12

① R. Tens ^{BS}



INTERSTAR EYE CLINIC & LASER CENTRE

NAME.....

CARD NUMBER.....

DATE.....

Peduncel Botox at Eye Aest.

Balance - Gob. 3.0 paid 24/5/17

Exams Review Prepaid,
14/7/17

15-07-17 For review - still on drops

VL: 6/24 wa 6/9 PA 6/9 glasses VL: 6/5 lens

(R) Cys - hyperVenic
Ame - der

IOP

- Ac - gout

14 M3

PDD - lens - PGP

Plan Tofacitinex
~~Tobaberex~~ 1st yr
but not

St 6/52

(2) Alexan 2nd yr
but not

(3) R Tars 2nd B6

28-09-11 Su: For review - no new complaint

V2: 6/24 ua 9/12 pp V1: 6/6 ua

Bil Gout

III
12/14

PCDR lens VCDR
~~✓ 6/35~~ fibres - Plan

O R. Teg
2nd

O Latex

local yr
dabs yr
R

Su 9/12
Retention

21.10.11 Su: For review - 8211 n refraction tears.

V_R: 6/60 ua 9/15 pp Stopped Latex after 2/52.

V_L: 6/5 ua.

TOP
12/12

Bil Gout
PCDR - lens - PCDR

fibres -

O RE: 10G lost
Corneal Drs

O D. Teg's g. d. -



INTERSTAR EYE CLINIC & LASER CENTRE

NAME.....

CARD NUMBER.....

DATE: 21-10-17

Re: YAL Post Capsulotomy

pulse	Energy	Total Pulse	Total Energy
1	3.2	15	49

Plan

(-) ~~Treatment~~

Free - side

2nd $\frac{1}{2}$

3rd $\frac{1}{2}$

YAL $\frac{1}{2}$

(-) R Tears
and β

Exch.

Returns Lens to fine side.

18/11/17 % also Complicants
Vh 6/18-2m, 4D9PT. VL 6/5m

DW
12/13

15% quite
perior - lens - PDR

Plan

(+) Tears $\frac{1}{2}$ β

YAL $\frac{1}{2}$

20-12-17 q/c Itching in BE for a while.

VR 6/18ns, 6/9ptt n 6/5ns

TU 14 15 16 17
pcdr - lms - pcdr
4/035 - fbs - 4/0 35
Su $\frac{3}{2}$
Plan
⑨ CT

17/3/18

(10): For review. No complaint. On refresh team

OR: 6/24⁺⁺

OR: 6/5-

OR with Rx: 6/6+

TU 12 13 14 15
pcdr - lms - pcdr
Su $\frac{4}{2}$
Plan
⑩ 2 Tress End 15



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE:.....

1/2 Review, no complaints

VR 6/24 ua

VL 6/25 ua

B11 good

FUP
14/14 PCP lens - PCTD
O/H/23 fund - 8/10/3

Plan
② R. Lens

2nd
15

Sn 4/2

27-09-2018

VR 6/24 ua
6/12 ph.

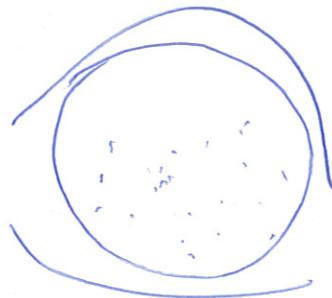
VL 6/9 ua
6/6 ph.

C/S - Pain on looking at bright light
no BES $\alpha 3/52$

use of Tobradex has not helped much

27/09/18

mild hypopyrexia conj mild
hypopyrexia



cornea



small pigmented
KP's

pink
pink

lens
dome

pink
pink'

Rx

① Gutt pred forte blemly bes 4 1/2
lid bes 3 1/2
bd bes 3 1/2
dry bes 3 1/2

② Gutt chloram bd bes 3 1/2

See 4/52

Rufus



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE: 27-10-18

%: Headache & Pain (L.E)

Tearing*, Itching*, Discharge*

Stopped using Prol奉k & ciloxan 2/52

VR

NCT

6/18_{uu}, 6/9_{ph}-2

A
24 19
(22) (17)

V/L

6/9_{uu}, 6/5_{ph}

pupil - A/C - pupil cells

pupil - lens - Pupil

clear

fine red

~~Tobacco~~

red Y2

red Y2

②

②

Sup Y2

R. red

22-12-18

✓ Headache, Decreased Vision : 155

VR-6/18u.g.
6/6ph.

VL-6/6u.g.

Bul globe
pcr lens = pcr
Y603 - fibers = 86 f

Plan
① Systemic
② local

Ju 3/12

02/03/19

QH: For Review; no complain

Vn: 6/18u.g

PH: 6/6-

NCT
18 15

Bul globe

Plan
① AT 5

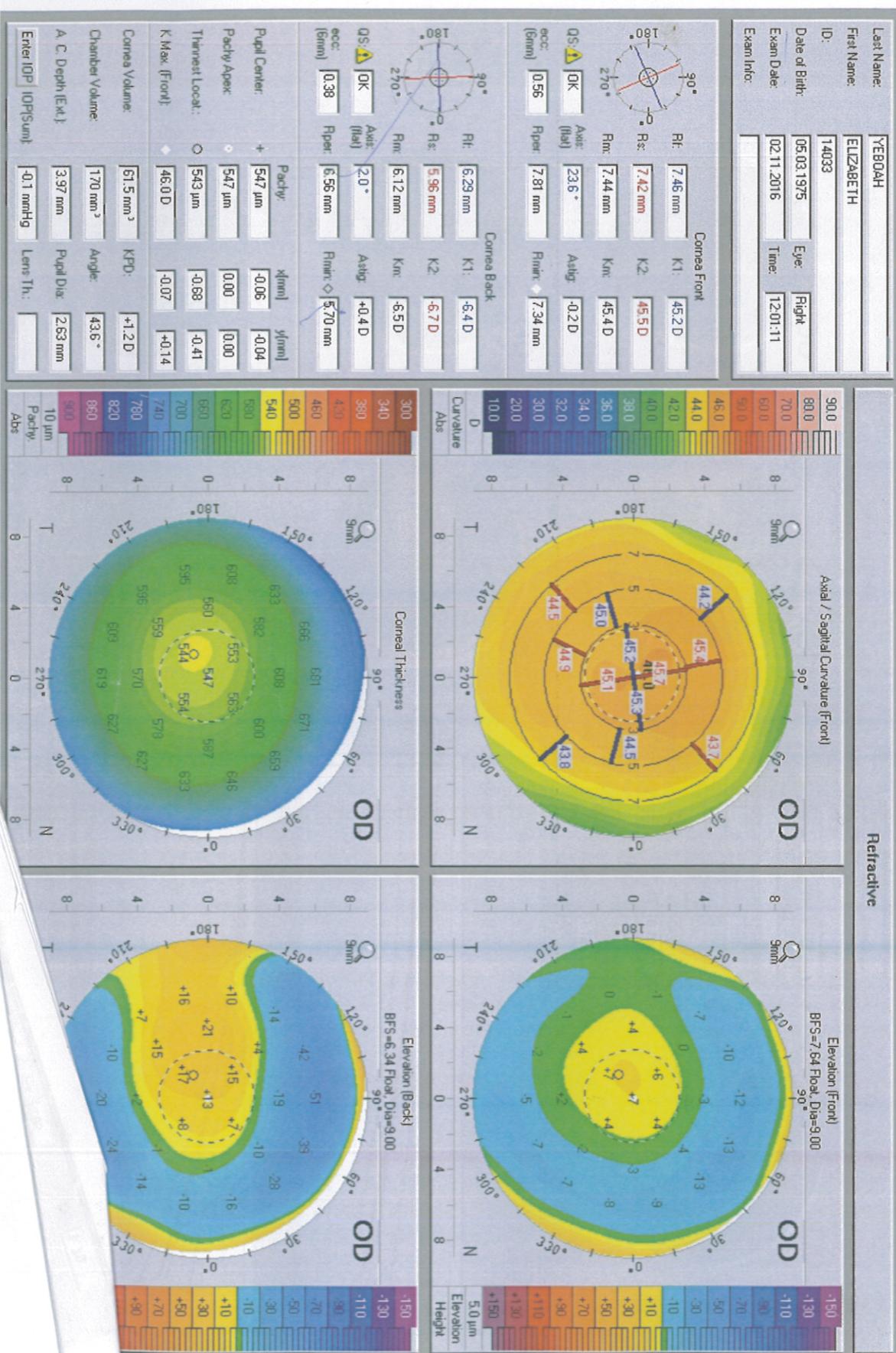
Ju 4/12



Wavelight

®

WAVELIGHT - ALLEGRO OCULYZER 4 Maps Refractive

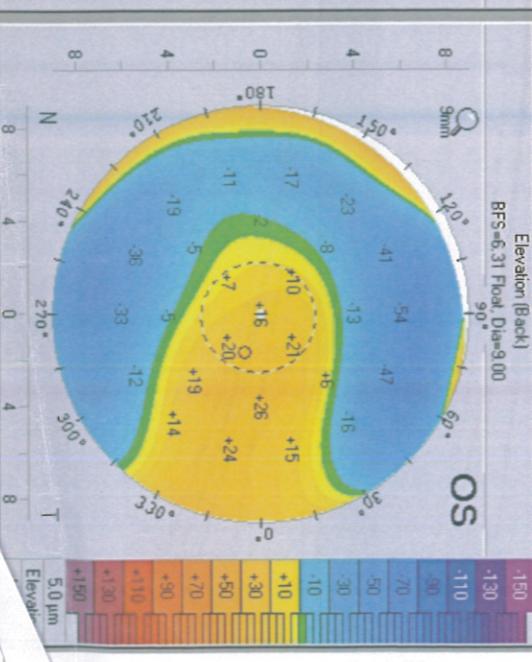
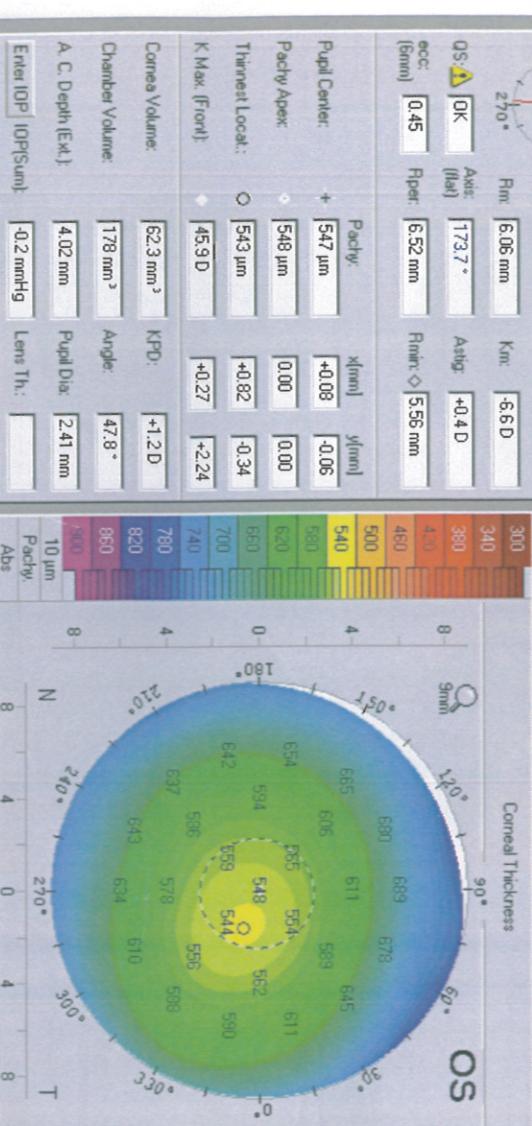
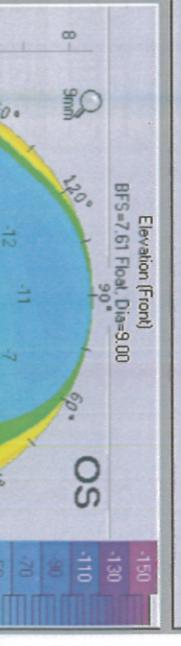




WAVELIGHT - ALLEGRO OCULYZER 4 Maps Refractive

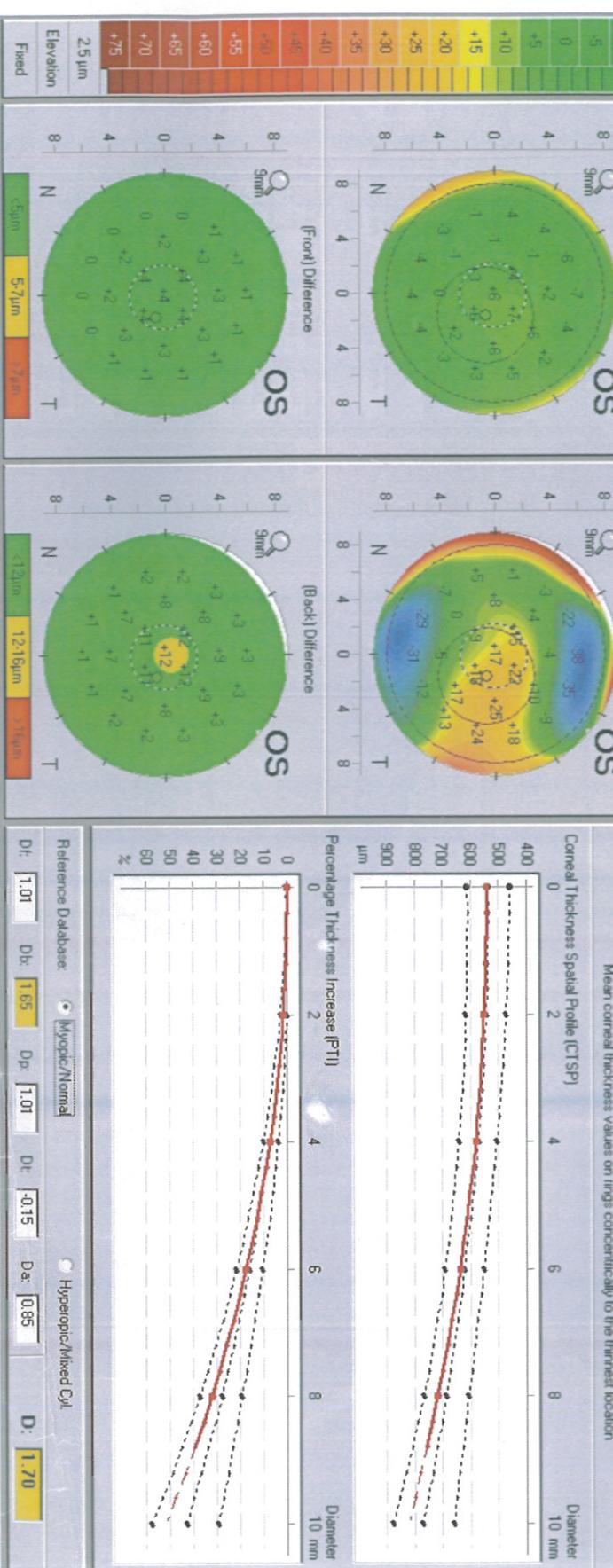
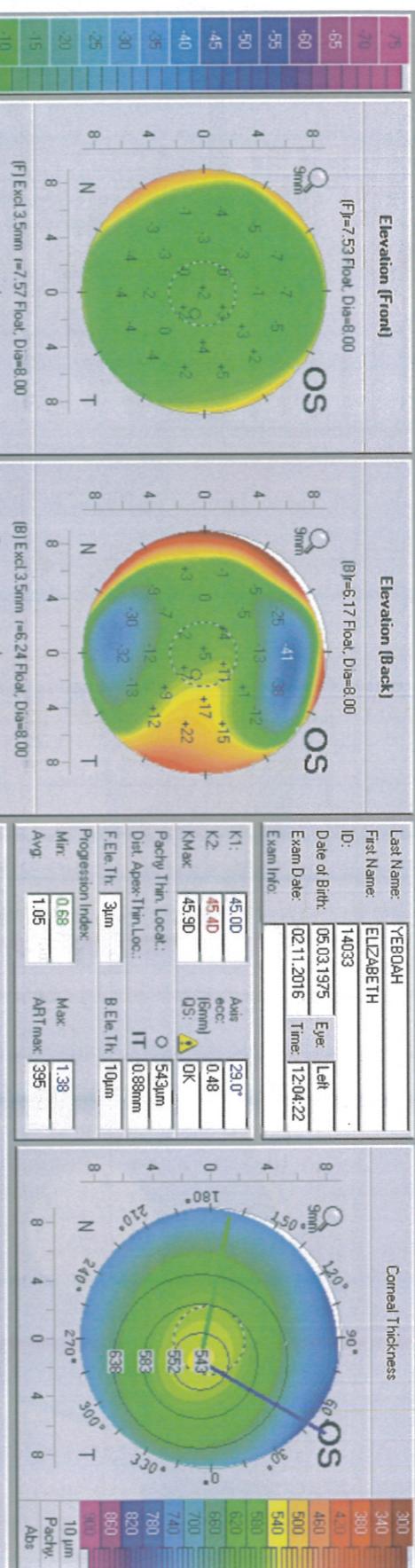
Refractive

Last Name:	YEBDAH
First Name:	ELIZABETH
ID:	14033
Date of Birth:	05.03.1975
Exam Date:	02.11.2016
Exam Info:	<input type="checkbox"/>





WAVELIGHT - ALLEGRO OCULYZER Belin / Ambrósio Enhanced Ectasia



14033.



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								
	Dist	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
P.D. <i>68mm</i>	Inter								
	Read								
HEIGHTS R L	MONO R L		BLANK			TECH SIG. CHECKED			
DISPENSING NOTES		FRAME				DESCRIPTION		GH¢	P
		LENSES							
		COATING							
		SUNDRIES							
						TOTAL			
				VOUCHER					
				BALANCE					
				DEPOSIT					
				BALANCE					
PLEASE TICK CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>							
DISPENSED BY	CHECKED BY	RECEIVED BY		DATE					

10-12-16

Auto

R -2.00/-1.00 X147

SYMPTOMS & HISTORY	L +0.50/-0.75 X90 <u>Sight better</u>	OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY	R -1.75 DS L Plans Add +2.25 DS	FIELD TONOMETRY COLOUR ETC. 6/9 .76/5 6/5
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
6/18 ql 6/18 ql.	6/R -4.00 DS. 6/L -4.50/-0.75 X70 Binoc ADD	R Rdg ADD = N
MUSCLE BALANCE	Auto	RETEST DATE
	Add +1.50 DS	
R -4.50/-0.75 X91 L -4.00/-1.50 X70		



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NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST <i>21-10-17</i>	R PRESCRIPTION GIVEN								
	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism	
Dist	-2.00	-1.00	90		<i>Plus</i>				
P.D.	Inter								
	Read	42.50			+250				

HEIGHTS	MONO		BLANK		TECH SIG. CHECKED		
R	L	R	L				

DISPENSING NOTES	DESCRIPTION		GH¢ P	
	FRAME			
	LENSES			
	COATING			
SUNDRIES				

PLEASE TICK				TOTAL VOUCHER BALANCE DEPOSIT BALANCE
	<input type="checkbox"/> CASH	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> CREDIT CARD	
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE	

SYMPTOMS & HISTORY	OCCUPATION Hobbies	
EXTERNAL EXAMINATION OPHTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
b/l 6/60 d/l 5/50	6/R -3.00/-1.00x90 = 6/18 6/L Plano Binoc ADD	R : Rdg ADD L = N 7/65
MUSCLE BALANCE	Add + 2.50 D	RETEST DATE
<u>dys</u>	L - 4.00/-2.25x184	
	L + 0.75/-1.50x118	



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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
31/12/16	Dist -2.25				Plan			
P.D.	Inter							
68mm	Read +2.25				+2.25			

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

10/02/17

$$\text{auto } -2.75 (-0.75 \times 130) \\ 1025 (+1.75 \times 99)$$

SYMPTOMS & HISTORY	Subjective OD -2.25/-1.25 x 90	OCCUPATION Hobbies R 6/+2
--------------------	-----------------------------------	---------------------------------

EXTERNAL EXAMINATION OPHTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.
OS PL 1-0.75 x 90	L 2/6+2/6 ADD +2.50 DS J.S

OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
6/36 ⁻² m	6/R -2.25 DS	R = 6/9
6/36m	6/L Plan Binoc ADD	Rdg ADD = 6/5 L = N 5

muscle balance	RETEST DATE
Auto Add +2.25 DS	T2.

R -2.50/-0.75 x 148

L +0.25/-0.50 x 86