

URNAMES (Block Letters)
BOYE

FIRST NAMES
GLADYS

Sex
F

PHONE NUMBER 0244-1866 95

ADDRESS OR RESIDENTIAL TESHE

OCCUPATION
TRADER

MARITAL STATUS			
MARRIED ✓	DIVORCED	SINGLE	OTHER

DATE OF BIRTH 2/02/64	AGE 52
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PLACE OF BIRTH
ACCRA

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
ANATIAN

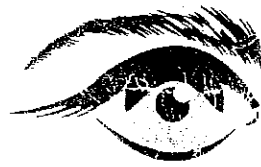
RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
19/9/16

NEXT OF KIN DHEL OPARE	ADDRESS OR PHONE No. OF NEXT OF KIN 050-3262310
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1/6 = 1000/R

1.10 27/6/18



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: GLADYS BOYE

CARD NUMBER: 13466

DATE: 19/9/16

C/L. Growth on RE for a while Blurred
vision in BE. Healing⁺

Dm⁺, HPT⁺

VR 6/6⁺

VR 6/9⁺

(R) rearsu pterygium

10p
12 13

4/1/94 - fulus - 4/1/94

Plan

① RE - Pterygium ex
+ more

② Rt Wound Tears
2nd
BE

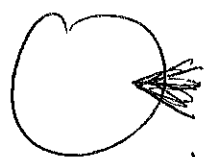
Dr 4/52

11/06/18 Q: Itching in RE uncomfortable with R. Tears:

$V_R: 6/6g$

$V_L: 6/6g$

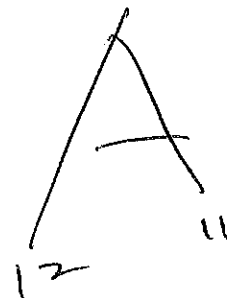
Seen



fleshy ptosis

hyperaemia

clear cornea



0.4 CNR 0.4

hyp. no ptosis (inflamed)

PL. 1. full AML-neo bulgy + RE

2. full systemic bulgy + RE

3. for RE ptosis/exc.

not financially
comparable fit is
new.

→ pb back

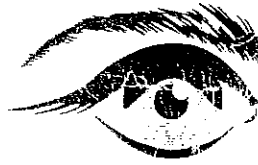
4. See 4/52

WJL

11/07/18

RE. Ptosis/exc, mme,

100% future
YSA



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 12-07-18

V_R 6/6 m

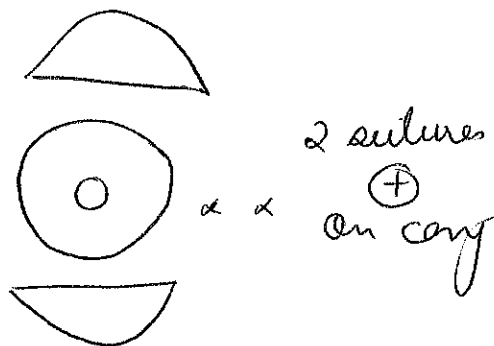
(P) CMAJ - future interest
CMAJ - check
AZ - growth

Plan

- ① Acute 2/3
- ② Tilted 2/3
- ③ Exocyc 2/3

for 1/2

18-07-18 E FB sensation in RE. Shift on drops
V_R 6/6 m
V_L 6/6 m



②

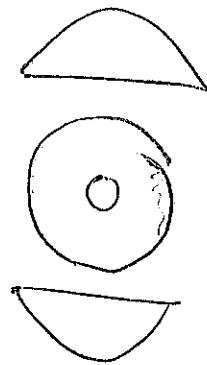
plan ② R - 1/2
Su 2/52
13 Stm Exocyc

01-08-18

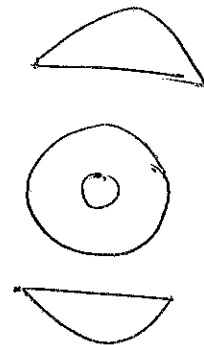
C/C: Foreign body Sensation (R.E) Since the Surgery.. Still using the eye drops

VR
6/6_{ua} 6/5gl

VL
6/6_{ua}⁻¹ 6/5gl



sclerotomy
excision
scar



②

Fundus

②

IOP < 14
14

Adv

Tobradex e/d (R.E)

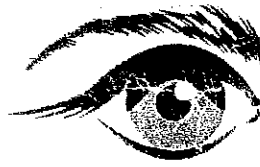
3 times/day x 2 week

2 times/day x 2 week

Refresh tear e/d

4 times/day x 1 week

Review in 1 week



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 15-8-2018

%: Still has the foreign body sensation when
blinking (R.E). tearing + Pain + Discharge^x
Rx: Still on drops (Tobradex & Refresh^{para} Tears)

VR
6/5gc

VH
6/5gc

IOP < 18
16.

Anterior seg
Funder

- (N)
- C.D - 0.4:1
vessel (N)

Adv

glasses

Refresh tears e/d
4 times/day
Review in 3mth

6-11-18. Review, Foreign body sensation
Itching (B.E.) for about a month now.
Pain (R.E.) 1/12 now.
Tearing^o, discharge^o, Burning sensation^o
To braden got finish about 1/12 ago

VR
6/5_{gc}

VL
6/5_{gc}

Ant seg - (N)
Fundus C:D - 0.4:1
vessels (N)

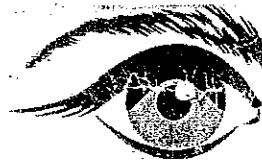
AT < 12
12

Adv

(BE) sypiane e/d
3 times/day

Olopatadine e/d
2 times/day

Review in 6 weeks



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE:

8/10/19
cl: Pains, itching, burning sensation. X²/52

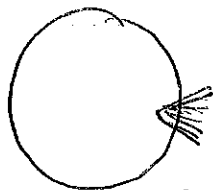
Wh: 6/6419

2/6419

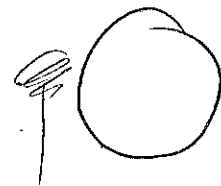


Seen
of

Amel



Grade I
pterygium
(recurrent)



pingueculum

clear cornea

deep AC

n/a print

Plan: 1. for NE pterygium excision - ph book

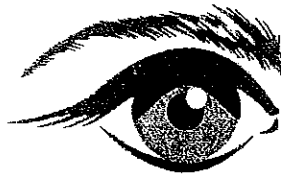
2. Get Amc - new glasses

3. Get system only

1/13

See 4/52

W.H.



INTER-STAR EYE CLINIC & LASER CENTRE

CONSENT FORM FOR ADULT/CHILDREN

NAME: GLADYS BOYE

SEX: FEMALE

D. O. B: 22-12-1964

ID No: 13466

OPERATION CONSENT BY PATIENT/RELATIVE

I, ANOKWAH ALFRED

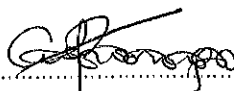
On behalf of GLADYS BOYE

Hereby consent to undergo the operation of Pterygium Excision (R.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 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: 27th June, 2018

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

Signature of Doctor: 

Date: 27/6/18



INTER-STAR EYE CLINIC & LASER CENTER

13466

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	R								PRESCRIPTION GIVEN			
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism			
15-8-18	Dist	+0.75				+0.75						
P.D.	Inter											
	Read	+2.50				+2.50						

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
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SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
	6/R +0.75 = 6/5		R 6/5 L
	6/L +0.75 = 6/5		Rdg ADD = N
MUSCLE BALANCE		Add: +2.50 Ds →	
		Jm RETEST DATE	



INTER-STAR EYE CLINIC & LASER CENTER

Loc: 10th Lane/H/No. F70441/Day, RE/Even, Oth/American Embassy/Road, Opposite
Buka Restaurant Near Citizen Kofu. Email: interstareyeclinic@gmail.com Tel: 0302-783832 / 027-7755354

NAME: _____ TEL/HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH: _____

DATE OF TEST	R				L				PRESCRIPTION GIVEN				
		Sph	Cyl	Axis		Sph	Cyl	Axis		Sph	Cyl	Axis	Prism
19-9-16	Dist	+0.75				+0.75							
P.D. 68mm	Inter												
	Root	+2.25				+2.25							

HEIGHTS		MOND		BLANK		TECHSSG. CHECKED	
R	L	R	L	R	L	R	L

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME			
	1/2rim, brown	(Transmit)	120.00	
	LENSES	Curv b/c	150.00	
	COATING			
	SUNDRIES			

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	270.00		
	VOUCHER	paid 22/9/16		
	BALANCE	70.00		
	DEPOSIT	200.00 paid		
	BALANCE	19/9/16		
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE	22/9/16

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/6 _{us} 6/9 _{ue}	6/R	+0.75 DS = 6/5 ^R	Rdg ADD 7 6/5 = N 5
	6/L	+0.75 DS = 6/5 ^L Binoc ADD	
MUSCLE BALANCE		RETEST DATE	
<u>Auto</u> R +1.00/-0.25 X14 L +1.25/-0.25 X157 Add +2.25 DS		J2	