

URNAMES (Block Letters)
ODURO - MENSAH

FIRST NAMES
FREDERICK

Sex
M

PHONE NUMBER..... 0241-834548
..... 0275-834548

ADDRESS OR RESIDENTIAL..... BURMA - CAMP

OCCUPATION

MARITAL STATUS			
MARRIED ✓	DIVORCED	SINGLE	OTHER

DATE OF BIRTH
AGE
37

PLACE OF BIRTH
ACCRA

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
HANANIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
26/9/17

NEXT OF KIN
ADDRESS OR PHONE No. OF NEXT OF KIN
FRANCIS QUANSAH 0244934634

Dr. & Medicals
- 170. -



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Oduro-Mensah Frederick CARD NUMBER: 18241

DATE: 26/9/17

q/c, Growth on BE for 1yr. Occasional itching and pain in BE. DM ϕ , HPT ϕ , SCD ϕ , Asthma ϕ .

UR 6/6cs

UR 6/6cs

② - hd - ②

⊗ - Conj - ⊗

LBur - Cones - LBur

DR - BR - DR

DR - Rpt - DR

Clear - lens - Clear

SpO₂ - fingers - SpO₂ 95

Exp: Bill Pterygia (LE > RE)

1. Gutt Refurb Lysol BE pad
2. Gutt flarea BE grid
3. Bosh L/R RE + mume + Cals

Alt

30-07-18 L: occasional blurry vision in LE
NA on drops. (6/12)

V_R: 6/6 gr 6/6 ue

V_L: 6/6 gr 6/6 ue

BU Pterygia (inflamed)

4/105 films - 4/106

FM

14 ← 13

plan

CMS ~~man~~ L/R pterygium exc
+ Graft + glue

① Flaxen tube

su 6/5
VF / 0.9
(cornea)

③ 2 Tars tube

19/9/18

LE pterygium excision + conjunctival autograft
(fibrin glue)

20/9/18

V_R 6/6 ue

V_L 6/6 ue

② Cor - hyperemia graft lifted
Cilia - clear



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE:.....

plu
① Ambr gel *cu*
② Tobrex gel *cu*
③ Cefax gel *cu*
④ Jelas pracoed
(u) bel

Mrs. [unclear]

fu 1/52

27/09/18

Seen

o/e


VR $\frac{6}{5}$ (un)

VL $\frac{6}{5}$ (un)

ch nil pupalain
pam^o,

o/e

Graft
in situ
Gedematous



ph 1, fruit Tobacco 6/14
 2. fruit clove 6/14
 3. fruit Azule 6/14
 4. See ³/52

W

18/10/18.

% Review

$\frac{1}{2} \frac{6}{6} \text{ m}$

$\frac{1}{2} \frac{6}{6} \text{ m}$

NOI
 17 18

(L) Long - hypervent
 Whe - dew

per
 (7) ~~For~~ dup
 trf

for $\frac{6}{52}$

(9) R - Tears
 2nd
 16



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 _____

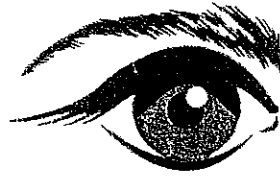
ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R								PRESCRIPTION GIVEN			
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism			
26-9-17	Dist	-0.50				plav						
P.D. 67mm	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	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	

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION	
6/6w 6/6w	6/R -0.50 D (N.I). 6/L -0.50 X 30 Binoc ADD	R = 6/5 L = 6/5 Rdg ADD 7 = N	
MUSCLE BALANCE		RETEST DATE	
Auto R -0.50/-0.25 X 99 L -0.50/-0.25 X 99			



INTER-STAR EYE CLINIC & LASER CENTRE

CONSENT FORM FOR ADULT/CHILDREN

NAME: ODURO-MENSAH FREDERICK
SEX: MALE
D. O. B: 11/12/1979
ID No: 18241

OPERATION CONSENT BY PATIENT/RELATIVE

I,

On behalf of ODURO - Mensah Frederick

Hereby consent to undergo the operation of Pterygium Excision + Graft (L.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: E. Mensah

Date: 19/09/18

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

Signature of Doctor:

Date: 19/9/18