

FURNAMES (Block Letters)

MAAFO

FIRST NAMES

JACOB

Sex

MALE

PHONE NUMBER

~~0541055773~~

0541055773

ADDRESS OR RESIDENTIAL

P.O. Box DS 1048 DANSONIAN

ACCRA

OCCUPATION

PENSIONER

MARITAL STATUS

MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH

15/12/26

AGE
90

PLACE OF BIRTH

Nigerian / E. Regm

ANY ALLEGIC REACTION
TO MEDICINE

CITIZENSHIP

Ghanian

RELIGION

Christian

DATE OF FIRST ATTENDANCE

10/9/2016

NEXT OF KIN

Samuel Maafo

ADDRESS OR PHONE NO. OF NEXT OF KIN

0244827657

(P)-500.00
19/9/16



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mr. Jacobs Maafu
DATE: 10/09/2016

CARD NUMBER: 13382

% cloudy vision in R for a while. Diagnosed of bilateral cataracts 2/12 ago. Was on prostate cancer treatment. Suspended treatment 1/5/2 ago due to concerns of drug interaction after eye

Surgery.

Dm^φ, HPT⁺ (meds).

VR cleft, 6/60g/
10/36 pH

VR flaccid, normal
N EPT

ICP

Normal - Ed. normal

Injected - capillary - injected
area - areas

(8) (18)

area

area - areas

2.20pm

Deep

Re - Delt

RHR

Rupt - RHR

RSC +

NgoP

clear

O.3

the RPE adapt
seualised

lens - opaque

iris

- funda

} no view

Bl & b mucus catarrach

RT RSC + NS

phy

2. Gutt Refresh Tears R E
ED

2. Po see with Went Cetavert
suggs

→ Get clearance from physician/ oculist

Obneym



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 17-9-16

q.c. wants cataract surgery (laser).

RP cf@4m@, N^o PTH. v. Hungl, Hm wa.

cf@2m wa

8/60 PTH

PP
14 B

Vectra - Preop - Reception

Schiotz - lens - natural
cataract

14/10/3 - fules - oes wa

RPE change

① plan
Lc. pta + IOL

② FBS free

③ Revision lens
and IOL

su Yr

BIOMETRY (L&R)

K₁ - 41.3

K₂ - 42.5

A.L - 25.23

IOL(P) - 17.50

(-0.10)

17.00

(0.25)

R.E ECD + DR

22/09/16

23-09-16

iovue

Model: PS 6025

Power: 18.00 D

S. No.: PMR5039 057717

Dim : 6.00 X 12.5 mm

Type : Posterior Chamber

VC OF (3m)

① Coffee- Sutro street

one day + 2 years

22nd Oct

#61-

② Georod Drs

SWL

③ Vignot
Vignot

8/52

④ dinex tulip

⑤ Cosopt brief



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 30-9-16

%c Review.

Vl 6/Gang, 8/36⁻² pH

① Conj - hyperemia

Conjunctival edema

Age - +1 days

Plan

① Tobradex 6x .05

② Vigane 1 ad

③ Graft 1/2

④ Decong 1/2

IP
14 to

See you

14-10-16 qReview.

in 6/60ms, 6/36 pH

- ① Other factors affect
she - gauge
PEEL, for opaque capsule
membrane

14 12

① Tolerance

② Cosy

③ Retention
(long)



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 4-11-16

% pain in LE after Tobradex finished.

Dr. Elzenga, 6/18/16.

(D) all - opsite

periorbital

MM
12/14 4/10/3 5/10/35

(D) Tobradex
topical
LE

(D) Revisor Tensil
and
BO

See 6/5/16

16-12-16 % Review, reo Complaints

or $6/24^{-2}$ wa, NIPH.
 $6/18^{-2}$ pH

(W)

Guy - low class

Coffee - Satisfactory

DUP

13 14

PCDR

Plan

O CT

Su ~~Th~~ Y/1
Re WASH

Tetradex
triglycerides

bad

O Replan Tres
bad



INTER STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE:

9c. Review

V₂ · CF(4m) NL 6/24 ns, 6/18 ps

(D) Cornea - exposed fixation end.

Ac - Gute

perio

DOP
24/4

Plan

(D) Tetravac 1ml
25% 1/2

(D) R-Tears
2ml 1/2

Su 4/2

7-3-17 % Review on Tobradex bd CE.

VR cataract

n Cataract

C/SOPH.

SM guide

DW

13/14

marker lens - PVD

Cataract

post op. filter - PVD

Mes

① CT P lens

② Toric lens

15/8

1/2

1/2

affixed

Yon

Sm 4/12

Sm 4/12

in partnership with Lancet Laboratories South Africa

ISO/IEC 15189 :2012 ACCREDITED LABORATORY

MEDICAL LABORATORY REPORT

Pr. Num: 5201055

For Doctor

Other Doctors

PATIENT REFERRING DOCTOR

MDS-LANCET LABS - DANSOMAN

.... DANSOMAN

Patient : JACOB MAAFO
Doctors Ref: NOT AVAILABLE
Age/Sex/DOB: 90 / M /
Id Num : MJ0541055773

Guarantor : MR J MAAFO
MedAid : CASH N
Tel : 0541 055 773
(W) NOT AVAILABLE

Lab Ref : 704125931
MRI No. : GH00628957
Spec # : 0920:HR00045L

Collection Date : 20/09/16 0924
Received Date : 20/09/16 0928
FINAL Report Date : 20/09/16 1253

Requested : ., P-GLU (f), FBC

HAEMATOLOGY

Test	Result	Reference
FULL BLOOD COUNT		
> RBC	2.79 /pl	L 4.5 - 6.5
> Hb (HAEMOGLOBIN)	9.1 g/dL	L 13.0 - 18.0
> HAEMATOCRIT	0.27 L/L	L 0.40 - 0.54
> MCV	97 fL	76 - 99
> MCH	32.7 pg	26 - 33
> MCHC	33.8 g/dL	30 - 37
> RDW	14.8	11.0 - 16.0
> PLATELETS	210 x 10^9/L	150 - 450
> WBC ONLY (NO DIFF.COUNT)	7.19	4.0 - 12.0

Please note change in reference range.

> NEUTROPHILS PRT	65.0%	4.67	2.0-7.5
> LYMPHOCYTES PRT	25.1%	1.80	1.0-4.0
> MONOCYTES PRT	5.3%	0.38	0.2-1.0
> EOSINOPHILS PRT	4.3%	0.31	0.05-0.5
> BASOPHILS PRT	0.3%	0.02	0.00 - 0.20

Normochromic anaemia

Absolute leucocyte values are normal

Platelets are adequate

For consultation by referring doctors only, please call:

Dr Colin de Bruyn +2711 358 0720

Dr Emma Wypkema +2711 358 0813

Dr Yannis Pillay +2711 358 0718

Dr Lindsay Earlam +2711 358 0733



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Fax: 0302 306 746

www.mds-lancet.com

MEDICAL LABORATORY REPORT

For Doctor

Other Doctors

PATIENT REFERRING DOCTOR

MDS-LANCET LABS - DANSOMAN

.... DANSOMAN

Patient : JACOB MAAFO
Doctors Ref: NOT AVAILABLE
Age/Sex/DOB: 90 / M /
Id Num : MJ0541055773

Guarantor : MR J MAAFO
MedAid : CASH N
Tel : 0541 055 773
(W) NOT AVAILABLE

Lab Ref : 704125931 Collection Date : 20/09/16 0924
MRI No. : GH00628957 Received Date : 20/09/16 0928
Spec # : 0920:BR00082L FINAL Report Date : 20/09/16 1233

Requested : .., P-GLU (f), FBC

BIOCHEMISTRY

Test	Result	Reference
> P-GLUCOSE fasting	5.4 mmol/L	4.56 - 6.38

For consultation by referring doctors only, please call:

Dr Kogie Reddi +2711 358 0977 Dr Melissa Yssel +2712 483 0237
Dr Stan Zail +2711 358 0750 Dr David Rambau +2712 483 0237

NATIONAL CENTRE FOR RADIOTHERAPY AND NUCLEAR MEDICINE, KORLE BU

PATIENT REFERRAL FORM

NAME: Maafo Jacob SEX M/F: M AGE: 90 yrs

MEDICAL RECORDS NO.....

DEAR DOCTOR,

I will be most grateful if you will see this patient for further evaluation and management

HISTORY: The above named person is a known case of metastatic Ca prostate . receiving Zoledronic acid and Tab Casabeta. He

FINDINGS: Informed w of his WP coming ^{Procedure} ~~surgery~~

PROVISIONAL DIAGNOSIS and su cell medications were suspended since 1st Sept 2016.

TREATMENT GIVEN

Surgery may therefor proceed as planned.

REMARKS:

To see patient two weeks after procedure.

NAME OF DOCTOR: Dr. Pradhe.

SIGNATURE: 

DATE: 15 - 9 - 16



INTER-STAR EYE CLINIC & LASER CENTRE

CONSENT FORM FOR ADULT/CHILDREN

NAME: JACOB MAAFO

SEX: M

D. O. B: 10/05/26

ID No: 13382

OPERATION CONSENT BY PATIENT/RELATIVE

I, SAMUEL MAAFO

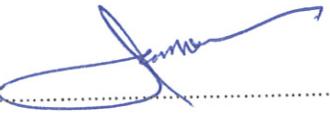
On behalf of JACOB MAAFO

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..... 

Date: 19th Sept 2016

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

Signature of Doctor: Ays

Date: 19/05/16

13382



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	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
10-9-16	Dist							
P.D.	Inter							
	Read							
HEIGHTS	MONO		BLANK			TECH SIG. CHECKED		
R L	R	L						

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME			
	LENSES			
	COATING			
	SUNDRIES			

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

SYMPTOMS & HISTORY		OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY <i>El bogg</i> <i>Amal</i>	SUBJECTIVE 6/R +2.00 Ds. 6/L N.I Binoc ADD	ACCOMMODATION = 6/I R- Rdg ADD > 8/60 = 6/I Hm = N
MUSCLE BALANCE <i>Abdu</i> <i>R Error</i> <i>L Error</i>	Add +3.00 Ds	RETEST DATE