

SURNAMES (Block Letters)  
OBEWU

FIRST NAMES  
DAVID

Sex  
M

PHONE NUMBER.....0243 308344.....

ADDRESS OR RESIDENTIAL.....Tarkwa.....

OCCUPATION  
Mining

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH  
1/11/1965

AGE  
52

PLACE OF BIRTH  
Kade

ANY ALLEGIC REACTION  
TO MEDICINE  
—

NATIONALITY  
Ihananan

RELIGION  
Christian

DATE OF FIRST ATTENDANCE  
29/8/17

NEXT OF KIN  
Stella

ADDRESS OR PHONE No. OF NEXT OF KIN  
0241794825

paid 31/10/17



# INTER-STAR EYE CLINIC & LASER CENTRE

## CONSENT FORM FOR ADULT/CHILDREN

NAME: DAVID OBENG  
SEX: MALE  
D. O. B: 4/11/1965  
ID No: 17921

### OPERATION CONSENT BY PATIENT/RELATIVE

Stella Ainsoson

On behalf of David Obeng

Hereby consent to undergo the operation of Cataract operation 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

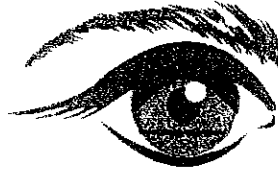
Signature of Patient/Relative: Stella

Date: 7/9/17

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

Signature of Doctor: [Signature]

Date: 07/09/17



## INTER-STAR EYE CLINIC & LASER CENTRE

DR ANNOR  
ANGLOGOLD ASHANTI  
TARKWA

Date: 29<sup>th</sup> AUGUST, 2017

### **REQUEST FOR APPROVAL TO DO CATARACT SURGERY**

**RE: DAVID OBENG DOB: 04/11/1965**

The above named patient reported to our clinic on 29<sup>th</sup> August 2017. He complained of progressive loss of vision in both his eyes. He informed us he had had a cataract surgery in his left eye 10 years ago. On examination, VR: 6/24 aided and VL: NPL (No perception of light).

Anterior segment findings showed OD: Cortical and nuclear cataract and OS: cornea: cloudy, decompensated, vascularized, pupil: sluggish, lens: pæ-iol. Intraocular pressure (IOP) was OD: 14 mmHg and OS: 12 mmHg. Fundus examination revealed a C/D ratio of OD: 0.40 and OS: No view.

**IMPRESSION:** Right eye cortical and nuclear cataract, decompensated cornea.

**RECOMMENDATION:** Right eye Phaco cataract surgery at a cost of Four Thousand and Five Hundred Ghana cedis (GHS 4,500) only.

Signed by  
Dr. Henry Amisah, Optometrist

On behalf of  
Dr. Y. S. ADAM  
Eye Surgeon



# INTERNATIONAL EYE CLINIC & LASER CENTRE

Obeng David

17921

29-8-17

Progressive loss of vision in <sup>became worse</sup> BE after

LE Cataract surgery 10 yrs ago.

DM<sup>+</sup>, HPT<sup>+</sup>

VR 6/24<sup>u</sup>, 6/12<sup>PH</sup>  
6/24<sup>q</sup>

N. NPL

A  
14 u

⊙ - hnd - ⊙

Cap -

Clear - Cornea - Cloudy  
degenerated cornea  
vascularized

Na - 44 - 20

NU - pupil - shyness

G<sup>+</sup> M<sup>+</sup> - lens - P<sub>100</sub>

Q<sub>100</sub> 0.4 - fundus - No view

VR 14

Imp 1. LE Cataract

2. RE Degenerated Cornea.

1. Book LE CCR + P<sub>100</sub> (Request Maco)  
2. FBC, FBS

Ala

quest's Medical Report for to sponsorship by canyon  
(AngloGold).

RIGHT EYE CATHETER

Ab

~~+21-00 lens (PCWL)~~

+21-00 PCWL

07/09/17

**iovue**

Model : PS 6025  
Power : 21.50 D  
S. No. : PMA6060 088616  
Dim : 6.00 X 12.5 mm  
Type : Posterior Chamber IOL

① 81CS + PC IOL 4 LIA  
now mio

Plan: TAG. wallsten 78my RD  
See tomorrow at 1pm

Mr Brumby

08/09/17 YN - 6/949 POWZ.

hazet  PC IOL

Plan: at. med forte zulu RE  
M. ciberam Q10 RE  
See on monday

Mr. Brumby



# 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: interstareyec clinic@gmail.com Tel: 0302-783832 / 027-7755354

NAME: \_\_\_\_\_ TEL HOUSE \_\_\_\_\_ WORK \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DATE OF TEST 29-8-17	R PRESCRIPTION GIVEN							
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
P.D.	Dist							
	Inter							
	Read							

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES			
	COATING			
	SUNDRIES			
TOTAL				
	VOUCHER			
	BALANCE			
	DEPOSIT			
PLEASE TICK				
	CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>	BALANCE
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE	

SYMPTOMS & HISTORY		OCCUPATION HOBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/24 u N/R	6/R +1.75 DS = 6/18 R 6/L R/BAL (+1.75 DS) = 6/18 L Binoc ADD		R Rdg ADD 76/18 = N
MUSCLE BALANCE		RETEST DATE	
Auto R Emor L Emor		Add +2.25 DS	