

SURNAMES (Block Letters)

KUMEDZINA

FIRST NAMES

RISS

Sex

M

PHONE NUMBER.....

0249666837

ADDRESS OR RESIDENTIAL.....

PokuaSE

OCCUPATION

TEACHER

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

5/1/1963

AGE

54

PLACE OF BIRTH

ACCRA

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY

GHANIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

6/10/07

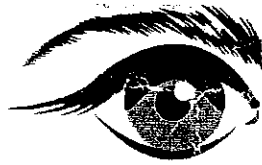
NEXT OF KIN

20100 Juliet

ADDRESS OR PHONE No. OF NEXT OF KIN

0277813887

20100.00
24/3/18 paid 09/10/17



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Kumedina Riss

CARD NUMBER: 18344

DATE: 6-10-17

d/c sudden, painless loss of vision in RE 8/12 ago.

on Timolol bid BB.

DM ϕ , HPT ϕ , Asthma ϕ sed ϕ

VR CF @ 3m

R PLue

6/6² pt

36 100

① - lid - ②

- Conj -

Clear - Cornea - clear

Re - RSE - ~~Re~~ RSE, Cells⁺

CR - Pupil - 360° Post
synaechiae

MS

CR MS⁺ - Can - CR MS⁺

0.9 fudus - RD
? Symp breaks

Imp 1. Advanced Glaucoma.

2 RLE Retinal Detachment

1. Urgent RE laser prophylaxis

2. Get Fraxon RE write

3. Cult Cambrian RE sd
4. Cult Angpt RE fols

10/10/17

Alup

RE 360 periphery lag

| Time | Power | # of Spots | Spot Size |
|------|-------|------------|-----------|
| 02 | 260 | 1378 | 500 |

Man

① T

② Tobacex

2d
RE

③ Hob Mountain
(W) bid
18

su 4/2

11-11-17 c/c Review.

we c/c @ 3m, 6/60 ft in place

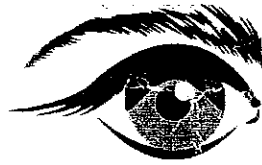
Top
5
22 24
and epikherl Wm
lehen
chea

Plan

① CO SPT tid
RE

② Airpugh
tid
RE

su 3/2
JA + DBS
③ Luma ga
④ Fine - out tid RE



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Kumodging RISS

CARD NUMBER:

DATE: 25th 11/11

pr: 120 V_R - GF

V_L - R

pr: 120 V_R - GF
- 120 V_R - GF

12

Neural - 120 - 120

108

Quanta

APS - Quanta

APS

APS
in 120 stands

Post syno chie

0.9
Auto

Amelior

22 10

Play

1. Use fms - 120 to 60

2. CT Carbox

alphanagan

lungan.

See in 1/52.

Shewer

16-12-12 9:00 For review

occasional itching and flaking BE

$V_R: 6/36_p$

$V_L: PL$

Normal - VEG - Normal

Quint - ALS

32° RST



o/p fulus
rule

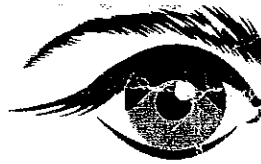
23 16 PE

1. Sharp flu - Neo

2. GT
cosup
alphagan
lumigan

See En 2/52

Shenry



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

38.12.12

DATE:.....

Q: For review, SHN on drops
Floches⁺, Itching - on and off

V_R: 6/36 gc

V_L: PL

Seen

o/e

Slight hyperaemia

clear cornea

deep AC

N/A mild sluggish
PS.

A
10 04

Plan: 1. full luminous nocte

2. Full Cocept gels

3. Full Alphagan 12hr

4. See 4/52

RE

WJ

27.07.18 For review. SHU on drops

Feeling - LE, Itching - BE on end of

V_R : 6/36 gr

V_L : PL

Seem
O/E

Quiet

deep AC

A
11 04

Supporting input non-reactive
PS+

pl - full human ^{us} ~~12~~ ₁₂ | NE
' full wpt seen
' full Alpha fan 12 ₁₂
' see 2/12

• VFT

(10-2)

(stimulus v)

24.03.18

V_R : Flashes BE on end of gr; Itching in LE.

V_R : 6/36 gr

V_L : R.

VFT \Rightarrow unreliable (\uparrow false negative)
(Channel #1500)

10P

16 05

Manual - led - Manual

Quiet

ALS - Quiet

Stimulus



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Kumodzie Riss

CARD NUMBER:

DATE: 24/2/18

PL

1. Cutt Lungen RE Noct
 - 2) Cutt cospt RE Sd
 - 3) Cutt alphasen RE Sd
- See Eu 7/12

19/05/18

sem

VR 6A @ 4m (WA) VL PL

ch pain / set (LE > RE)
tear
itali

q/o

A
21 05

Quitt

Suprich mnd

PS⁺

NR⁺ cos⁺ m

aplicate
catanact

0.9
male disc

cdm

| | | | | | |
|----|---|-----|-----------------|------------|----|
| ph | 1 | gnt | lunigan | mocti | nē |
| | 2 | gnt | Cocept | Buly | |
| | 1 | gnt | Alphage | 12en | |
| | 4 | See | $2\frac{1}{12}$ | (1cio 100) | |

~~Wk~~

⇒ for refract

BIRTHDATE 01-05-83 DATE 03-24-18

TIME 09:49:54 AM

vii

LOW PATIENT RELIABILITY MAKES COMPARISON
WITH NORMAL DATA BASE RESULTS QUESTIONABLE

RIGHT

AGE 55

FIXRTION LOSSES 2/19

FALSE POS ERRORS 1/7

FBI SF NEG FREEDRS 5/9 XX

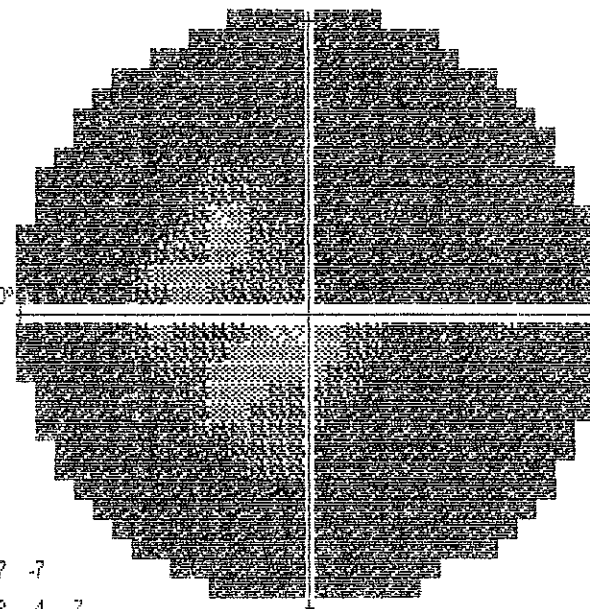
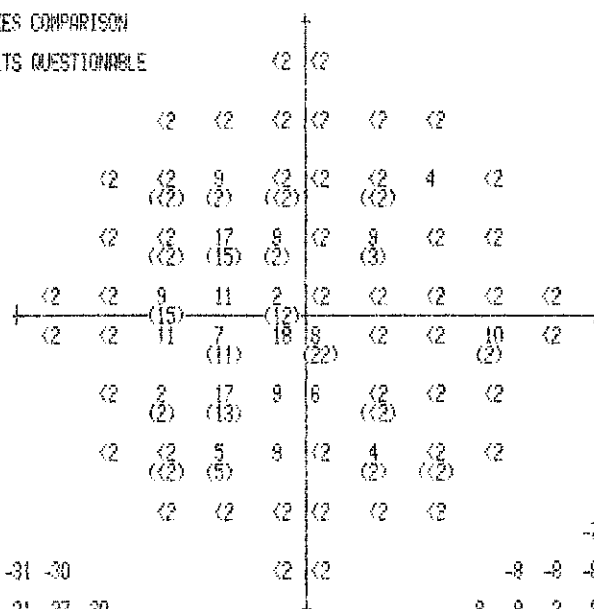
QUESTIONS ASKED 319

FOVER: 29 DE 1964

TEST TIME 00:11:50

2.33 题

REF ID: A66344

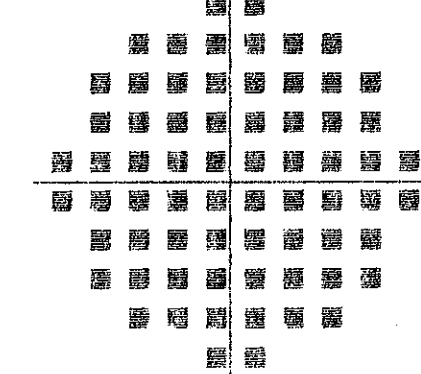


| | | | | | | | | | | | | |
|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|
| | | | | | -30 | -30 | | | | | | |
| | | | | -31 | -31 | -31 | -31 | -31 | -30 | | | |
| | | -31 | -31 | -25 | -31 | -31 | -31 | -27 | -30 | | | |
| | | -32 | -32 | -16 | -27 | -32 | -26 | -31 | -31 | | | |
| | -32 | -32 | -20 | -21 | -25 | -32 | -32 | -31 | -31 | -31 | | |
| | -32 | -32 | -21 | -23 | -14 | -17 | -32 | -32 | -25 | -31 | | |
| | | -32 | -30 | -17 | -23 | -26 | -32 | -32 | -31 | | | |
| | | -32 | -32 | -27 | -23 | -32 | -29 | -32 | -31 | | | |
| | | | -32 | -32 | -32 | -32 | -32 | -31 | | | | |
| TOTAL | | | | | | -31 | -31 | | | | | |

| | | | | | | | | | |
|---------|----|----|----|----|----|----|----|----|----|
| | | | | -7 | -7 | | | | |
| | | -8 | -9 | -8 | -8 | -7 | -7 | | |
| | -8 | -8 | -3 | -8 | -8 | -9 | -4 | -7 | |
| | -8 | -9 | 7 | -4 | -3 | -3 | -8 | -8 | |
| -9 | -9 | 3 | 2 | -2 | -9 | -9 | -8 | -8 | -8 |
| -9 | -9 | 2 | 0 | 9 | 6 | -9 | -9 | -2 | -9 |
| | -9 | -7 | 6 | 0 | -3 | -9 | -8 | -8 | |
| | -9 | -9 | -4 | 0 | -9 | -6 | -8 | -9 | |
| | -9 | -9 | -8 | -9 | -9 | -9 | -8 | | |
| PATTERN | | | | -9 | -8 | | | | |

DEVIATION

DEVIATION



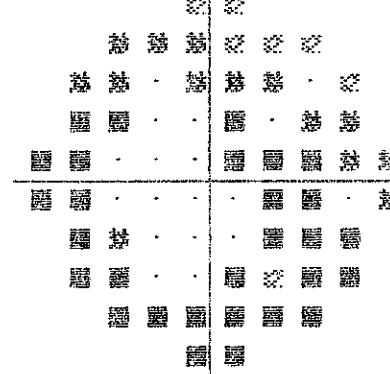
PROBABILITY SYMBOLS

$$:: p < 5\%$$










BPX 32

1994

† $P < 0.5\%$



GRAYTONE SYMBOLS

| | | | | | | | | | |
|-----|---|---|---|---|---|---|---|---|--|
| SYM |  |  |  |  |  |  |  |  |  |
| ASB | 8 1 | 25 1 | 79 32 | 251 100 | 794 316 | 2512 1000 | 7943 3162 | > 10000 | |
| OB | 41 50 | 36 40 | 31 35 | 26 30 | 21 25 | 16 20 | 11 15 | 6 10 | 1 5 |

INTER STAR EYE CLINC
0277-755354/0244850200

ALLERGAN
HUMPHREY
REV 88

18348



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 | | | |
| 6-10-17 | Dist | -5.00 | | | | -5.00 | | | | | | |
| PD. 67mm | Inter | | | | | | | | | | | |
| | Read | | | | | | | | | | | |

| HEIGHTS | | MONO | | BLANK | | TECH SIG. CHECKED |
|---------|---|------|---|-------|--|----------------------|
| R | L | R | L | | | |
| | | | | | | |

| DISPENSING NOTES | DESCRIPTION | GH¢ | P |
|------------------|-------------|--------|---|
| | | | |
| LENSES | 44 514 | 180.00 | |
| COATING | | | |
| SUNDRIES | | | |

| | | |
|---|---------|---------------------|
| PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> | TOTAL | 1380.00 |
| | VOUCHER | paid 29/5/18 |
| | BALANCE | 180.00 |
| | DEPOSIT | 200.00 paid 23/5/18 |
| | BALANCE | |

| DISPENSED BY | CHECKED BY | RECEIVED BY | DATE |
|--------------|------------|-------------|---------|
| | | | 29/5/18 |

| | | | |
|--------------------------------------|---|-----------------------------|----------------------|
| SYMPTOMS & HISTORY | | OCCUPATION HUBBIES | |
| EXTERNAL EXAMINATION OPHTHALMOSCOPY | | FIELD TONOMETRY COLOUR ETC. | |
| OPHTHALMOSCOPY | SUBJECTIVE | | ACCOMMODATION |
| 6/R - 5.00 DS 6/L - 5.00 DS (BML) | = 6/36 R = 6/36 L Binoc ADD | | Rdg ADD 76/36 = N |
| MUSCLE BALANCE | Auto Add + 2.25 DS R - 3.75 - 0.50 X 70 L Error | | RETEST DATE |