

URNAMES (Block Letters)

TETTEH

FIRST NAMES

CHRISTIAN

Sex

M

PHONE NUMBER.....0242 876403

ADDRESS OR RESIDENTIAL.....SOMANYA

OCCUPATION

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
			✓

DATE OF BIRTH	AGE
946	70YRS

PLACE OF BIRTH

SOMANYA

ANY ALLEGIC REACTION TO MEDICINE

NATIONALITY

ANAIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

02-11-16

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mr. Christian Tetteh

CARD NUMBER: 14027

DATE: 02-11-16

9/c poor vision in BE for > 6/12.

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

VR Ham w night

R 6/60 w, 6/36 ptt

pc - gradual onset of painless blurred vision  
in both eyes R > L - 6/12

eye - tearing<sup>+</sup>, burning sensation<sup>+</sup>, foreign body  
sensation<sup>+</sup>, flashes, floaters<sup>+</sup>

POHn } Nil of note  
PmSH }

ofc -

normal - eyelid - normal

clear - conj - clear

TBUT<sup>+</sup> - cornea - TBUT<sup>+</sup>

dk - AC - dk

brown - iris - brown

dilated - pupil - dilated  
(drops)

mature cataract - lens - NR<sup>++</sup>, c<sup>+</sup>

A  
15 15

no view } vitreous - clear  
              } fundus - cor 0.2  
                                chorioretinal degeneration

- Imp - 1 Rt Mature Cataract  
          2 Lt Immature Cataract  
          3 Long Eyes

plan  
Counselled for Rt Cataract extraction  
Gutt Tears Natural BE qid  
See when ready.

*[Signature]*

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
Hmc Elbo us	6 / R $RI - I.$ = 6 / 6 / L $-1.75 DS (NI)$ = 6 / 60 Binoc ADD		R Rdg ADD $7.50$ = N
MUSCLE BALANCE			RETEST DATE
<u>Auto</u> R Error L Error			