

FIRST NAMES (Block Letters)

ARDAYFIO

FIRST NAMES

JOSEPH

Sex

M

PHONE NUMBER.....

0244 952539

ADDRESS OR RESIDENTIAL.....

DANSEMAN - MAMPOUSE

OCCUPATION

SUSU OFFICER

MARITAL STATUS

MARRIED	DIVORCED	SINGLE	OTHER
<input checked="" type="checkbox"/>			

DATE OF BIRTH

5/10/66

AGE

50

PLACE OF BIRTH

MAMPROBI

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY

HAWAIIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

10/11/2016

NEXT OF KIN

TERESA ARDAYFIO

ADDRESS OR PHONE NO. OF NEXT OF KIN

0246 112788

by DR(©) 11/11/16.



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mr. Joseph Ardayfio
DATE: 10/11/2016

CARD NUMBER: 14149

Symptoms:- Cannot see small points at near

pain, tearing, itch burning sensation

Asthma, diabetes, hptn, Sickle Cell

V_R 6/5ua

V_L 6/6ua.

- ✓ lid ✓
- ✓ conjunctiva ✓
- ✓ cornea ✓

A
15 15

- ✓ sclera ✓
- ✓ pupil ✓
- ✓ lens ✓

Uno.5 mm. Uno.5

See Dr. Plan: live glasses
see Dr. Sam Mr. Braniad

14/11/16

g wants

LASIC

4696 - false - ed 0.55

Plan

CCT 108
108 long post O O5
(Cone)

① TOPOGRAPHY

CCT 491
495

Plan

① R/L LASIK

② XALACON
post

Su Yn

14-12-16 g c FB sensation, pain, redness and tearing in RE for 1/7 after xalac on finished, discharge.

VR 6/6ns

V - 6/6 ns

discharge - eyelid - quiet

injected - conj eye

clear - corner



INTER STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE:

A
|| ||
at
10:00 am

dk - AC
brown - iris
PILR - pupil

PLAN

Gutt Alophan RE qid

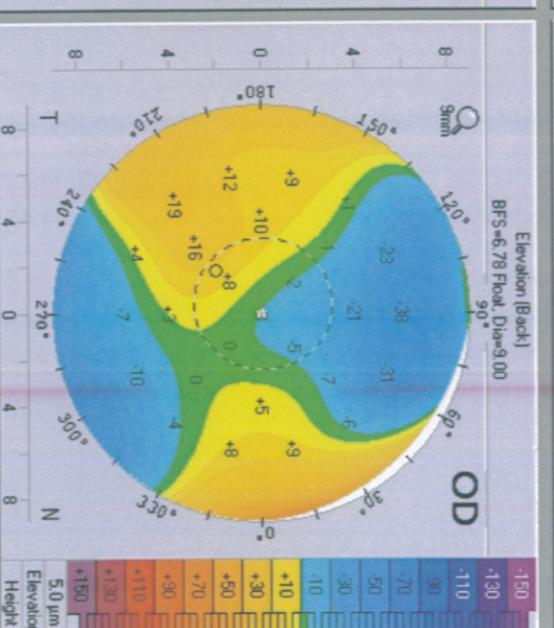
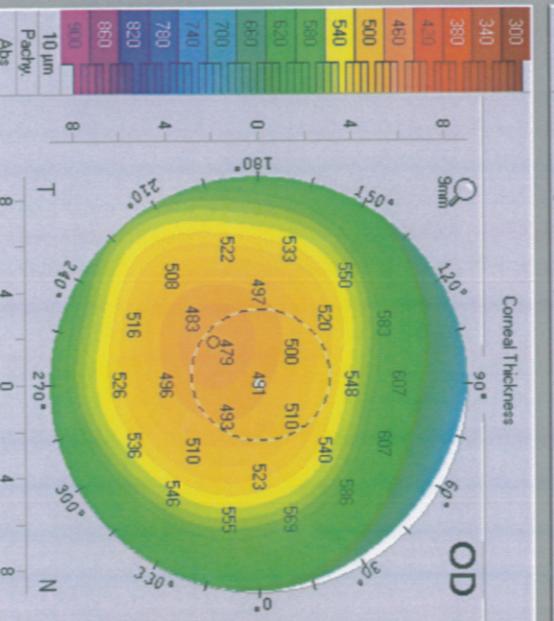
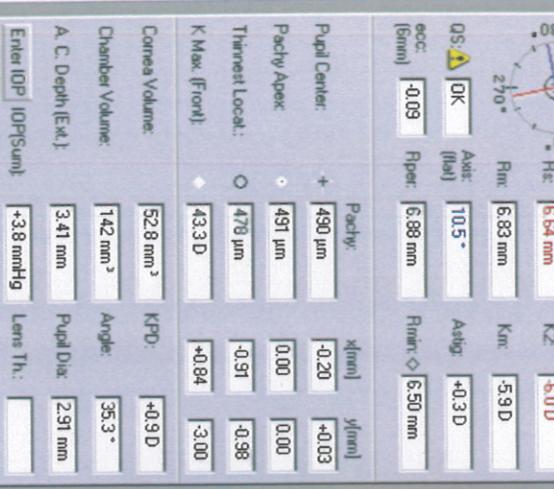
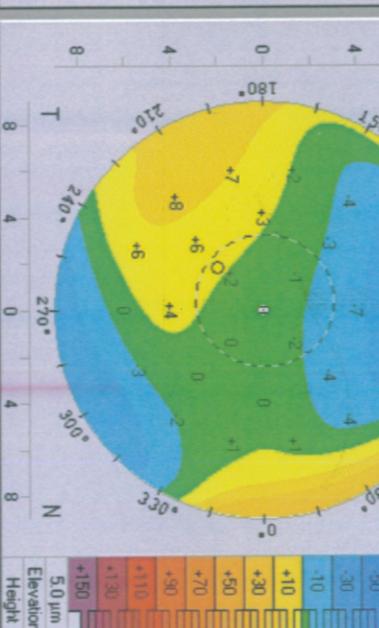
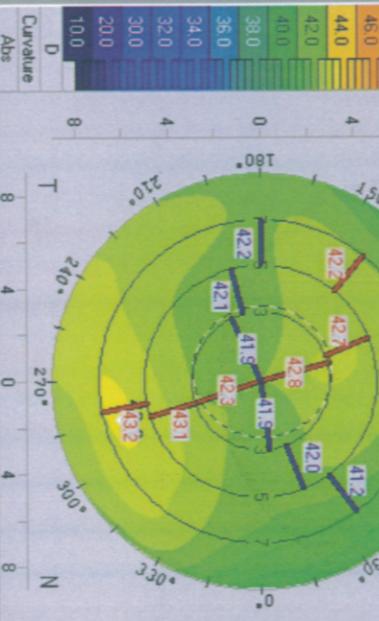
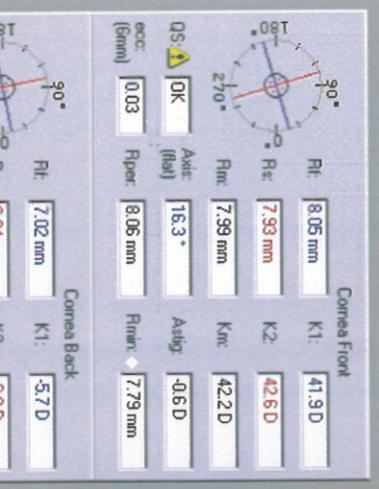
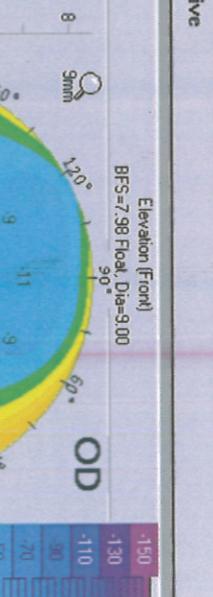
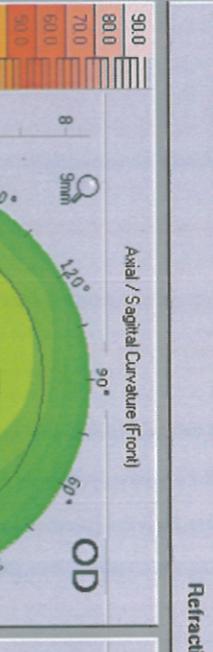
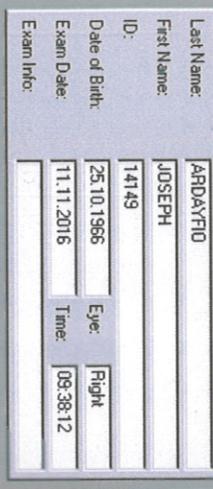
OC Tobrin RE nocte

Gutt Tears Natravale BE qid

See 1/52



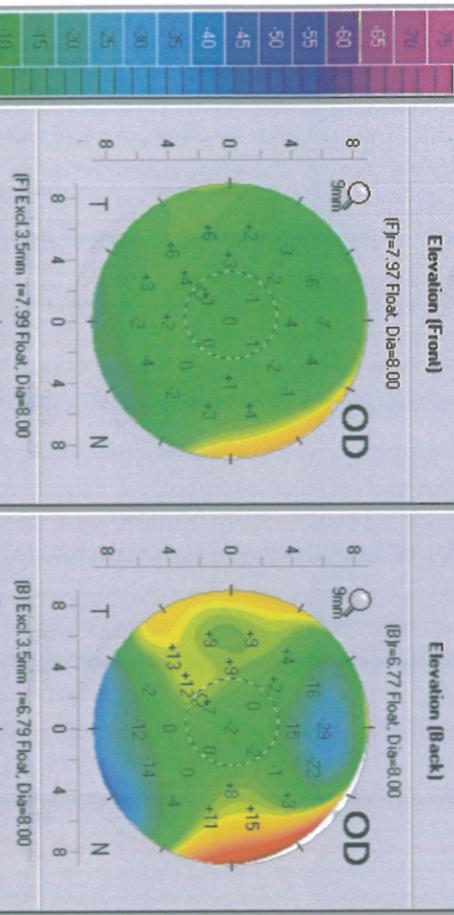
WAVELIGHT - ALLEGRO OCULYZER 4 Maps Refractive



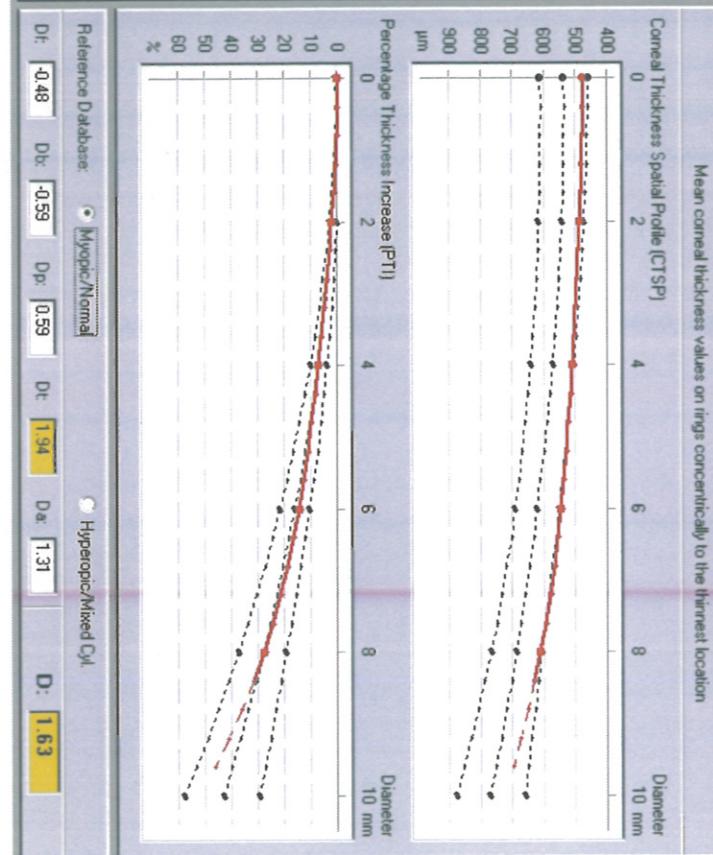
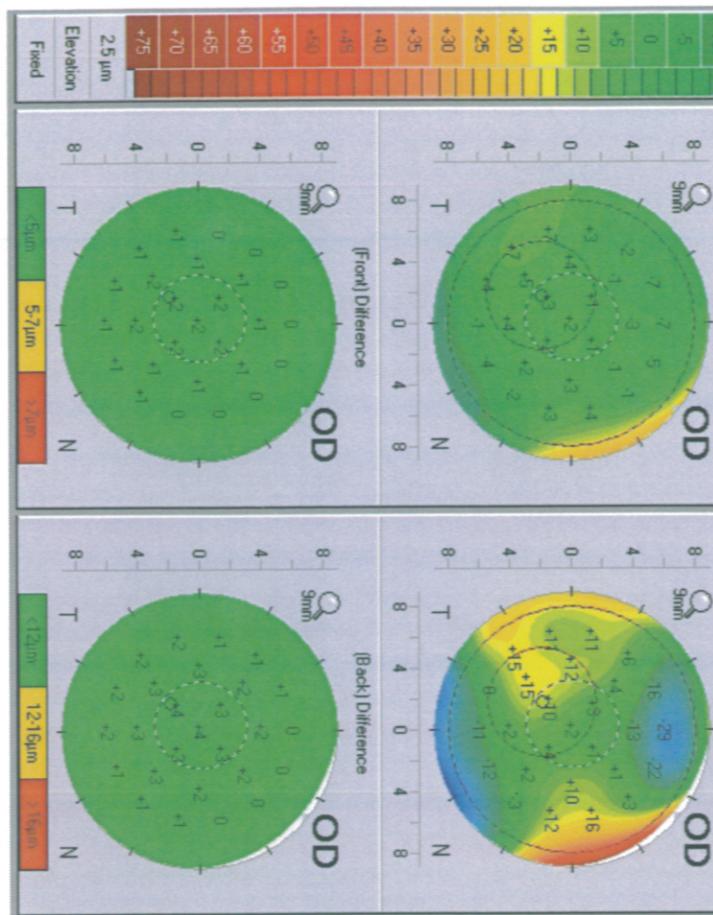
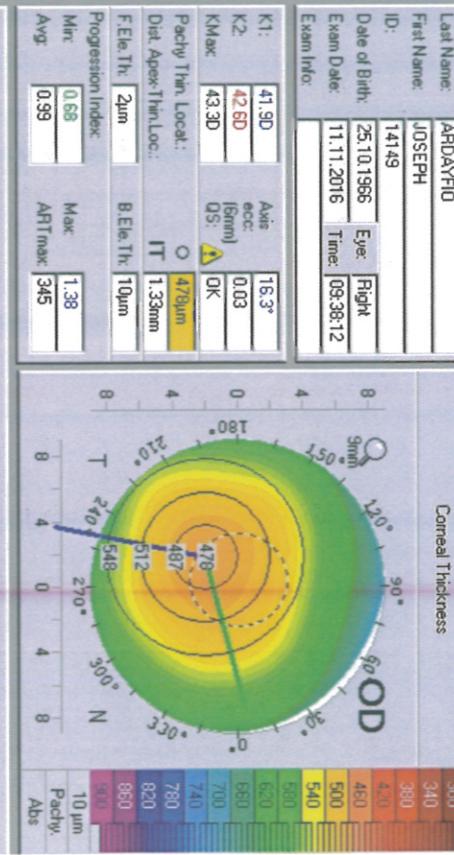


Wavelight®

WAVELIGHT - ALLEGRO OCULYZER Belin / Ambrósio Enhanced Ectasia

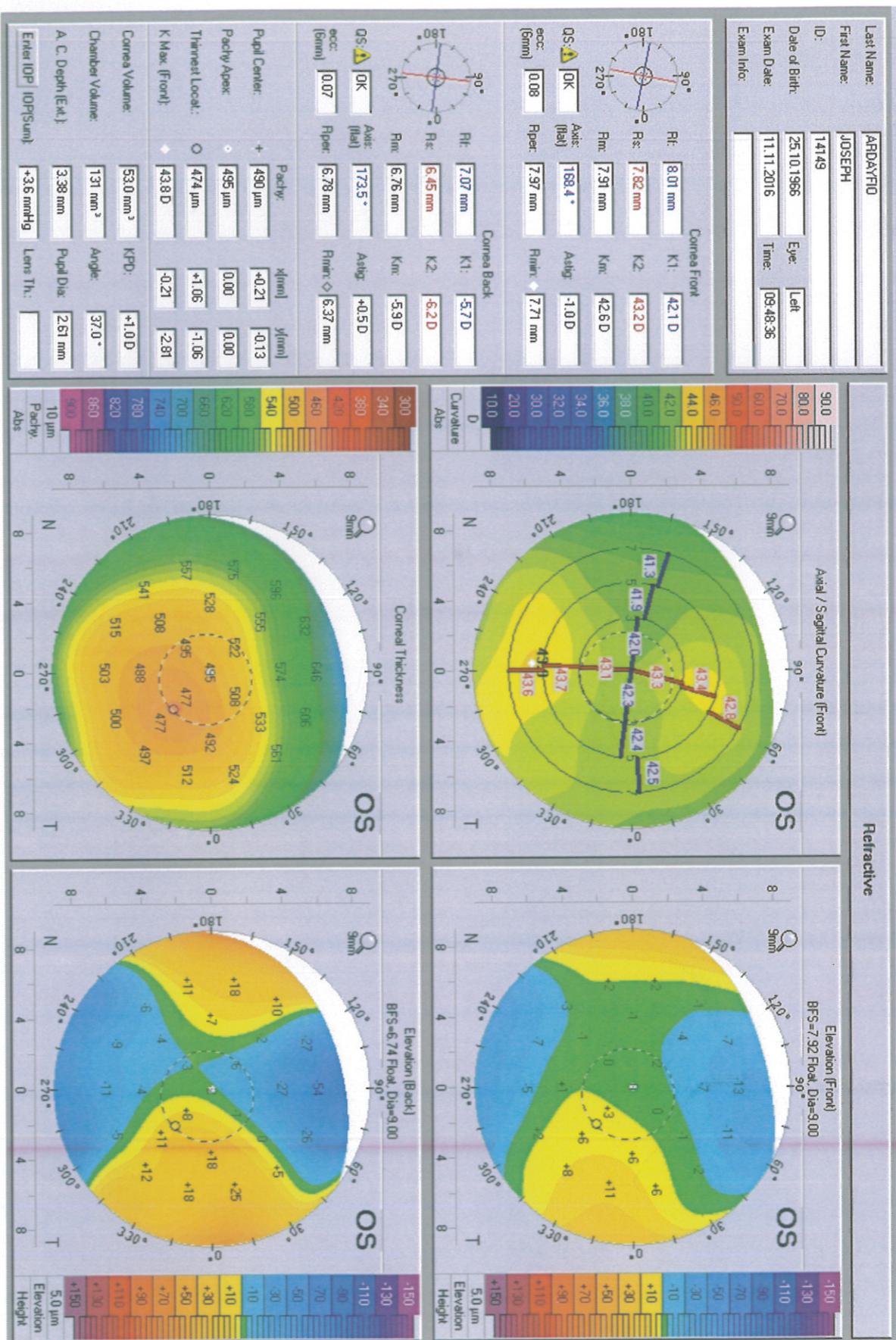


Last Name:	ARDAYFIJO	Corneal Thickness	300
First Name:	JOSEPH	340	400
ID:	14149	380	440
Date of Birth:	25.10.1966	Eye:	Right
Exam Date:	11.11.2016	Time:	08:38:12
Exam Info:			
K1:	41.9D	Axis:	16.3°
K2:	42.6D	ecc:	0.03
KMax:	43.3D	OS:	OK
Pachy. Thin. Locat.:	O	IT	478μm
Dist. Aper.Thin.Loc.:	1.33mm	F.Ele.Th:	2μm
Progression Index:		B.Ele.Th:	10μm
Min:	0.68	Max:	1.38
Avg:	0.99	ArtMask:	345



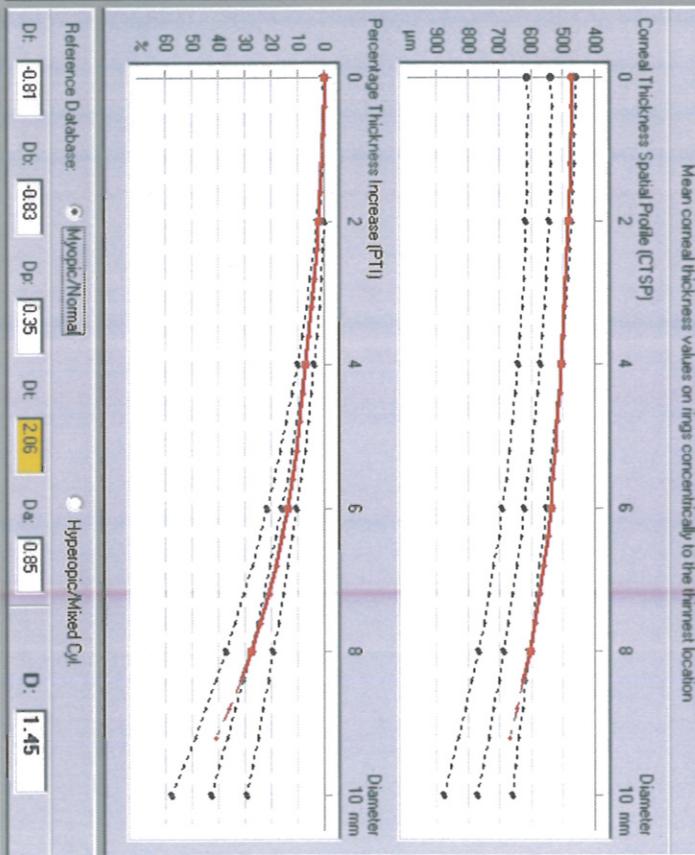
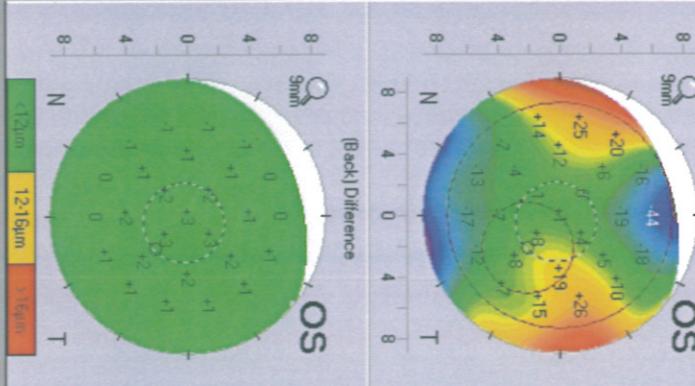
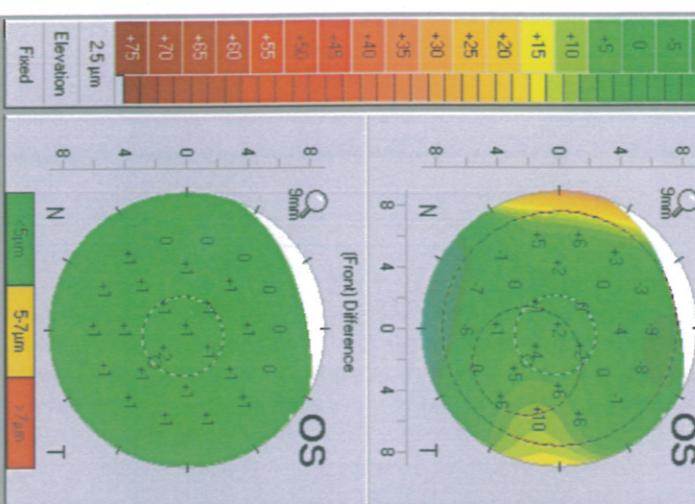
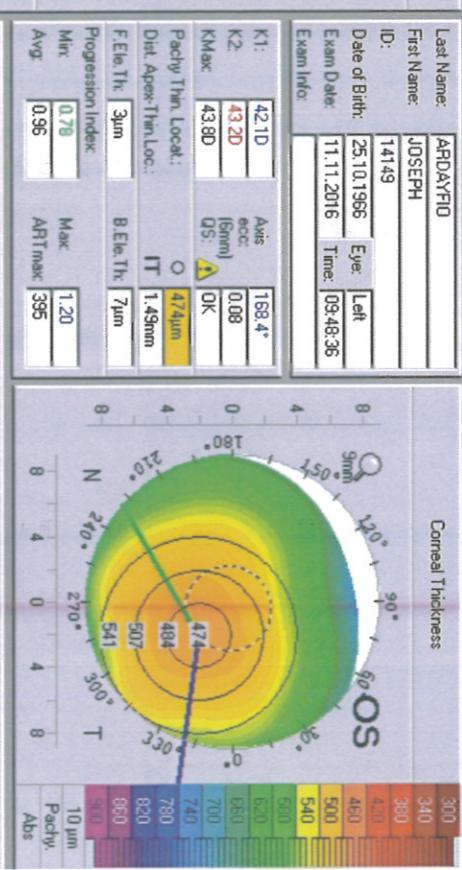
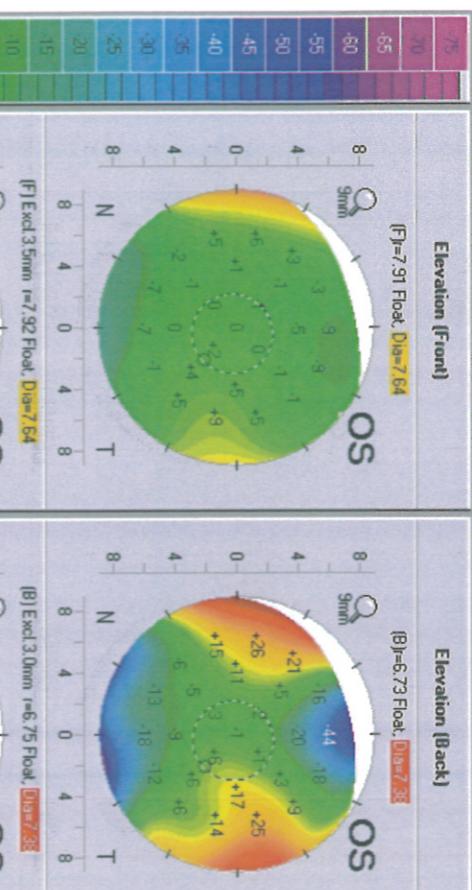


WAVELIGHT - ALLEGRO OCULYZER 4 Maps Refractive





WAVELIGHT - ALLEGRO OCULYZER Belin / Ambrósio Enhanced Ectasia



INTER-STAR EYE CLINIC

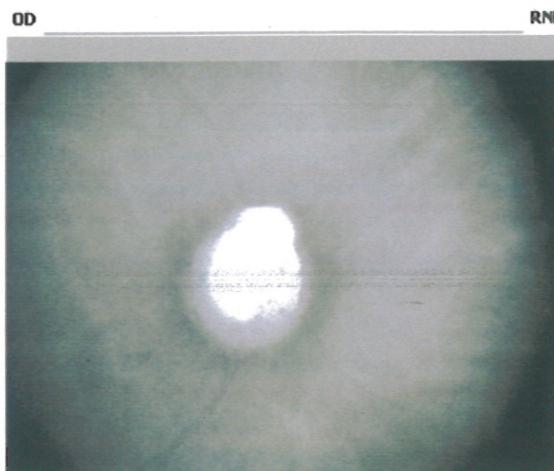
5th Lane, Hse. No F525/1 Osu . 0302783832

OD

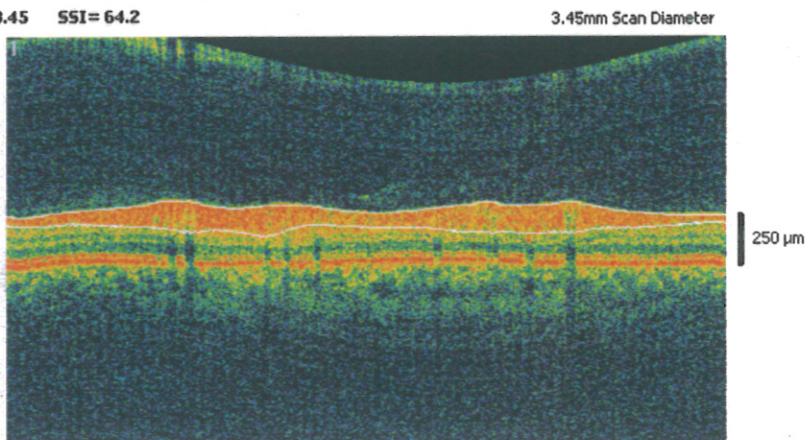
Patient: ARDAYFIO, Joseph
 Physician: ADAM, Y. S.
 Operator: Ahiabor, Edem K
 Disease:

Gender: M
 ID:

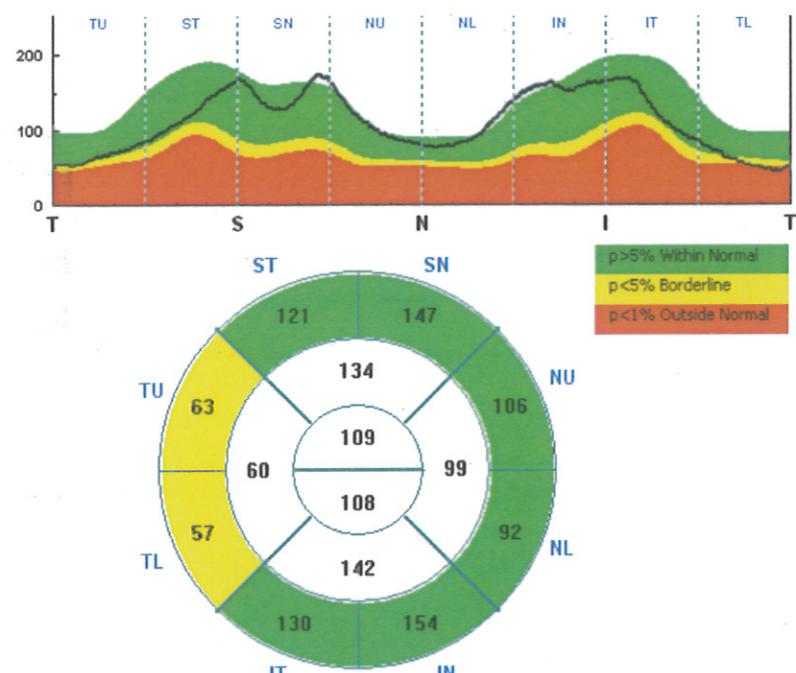
Exam Date: 11/11/2016
 DOB (age): 25/10/1966 (50)
 Ethnicity:
 Algorithm Version: A6, 1, 0, 4



RNFL3.45 SSI = 64.2



Section	Thickness (μm)
Std Dev Of RNFL = 3.25	
Overall RNFL = 109	
S. Hemisphere = 109	
I. Hemisphere = 108	
<input checked="" type="checkbox"/> TEMPO	60
<input checked="" type="checkbox"/> TL	57
<input checked="" type="checkbox"/> TU	63
<input checked="" type="checkbox"/> SUPERIOR	134
<input checked="" type="checkbox"/> ST	121
<input checked="" type="checkbox"/> SN	147
<input checked="" type="checkbox"/> NASAL	99
<input checked="" type="checkbox"/> NU	107
<input checked="" type="checkbox"/> NL	92
<input checked="" type="checkbox"/> INFERIOR	142
<input checked="" type="checkbox"/> IN	154
<input checked="" type="checkbox"/> IT	130



Diagnosis:

Report Date: Friday November 11 11:32:41 2016

Report Date: Friday November 11 11:32:51 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

Defining the OCT Revolution

optovue

INTER-STAR EYE CLINIC

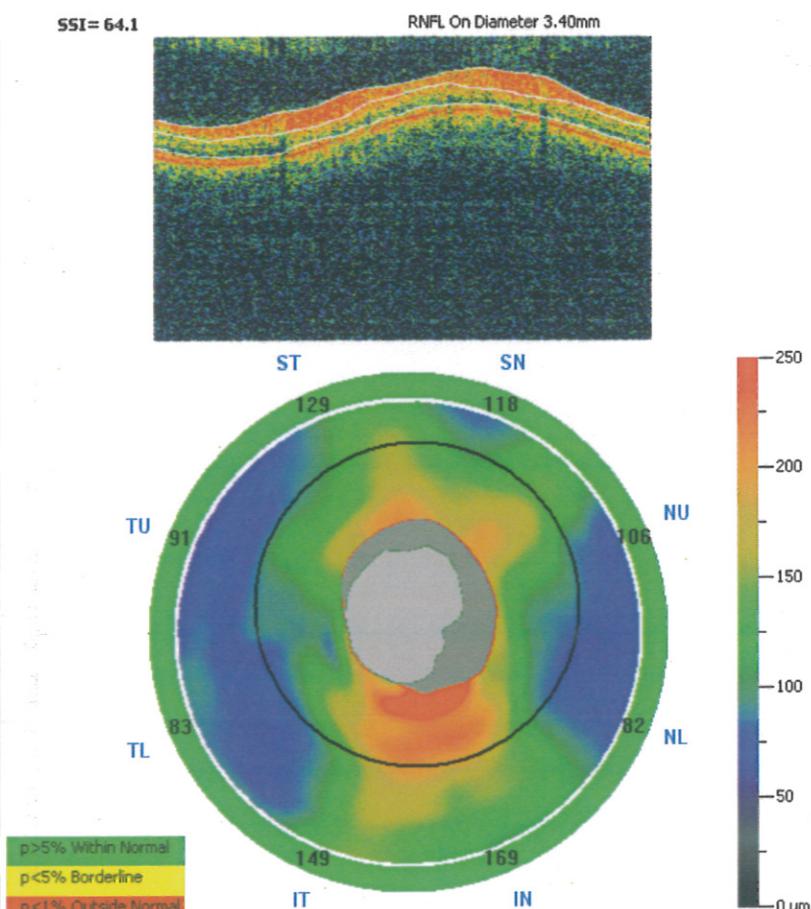
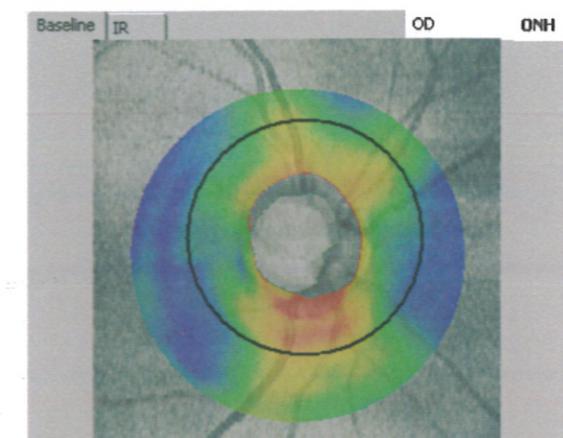
5th Lane, Hse. No F525/1 Osu . 0302783832

Patient: ARDAYFIO, Joseph
 Physician: ADAM, Y. S.
 Operator: Ahiabor, Edem K
 Disease:

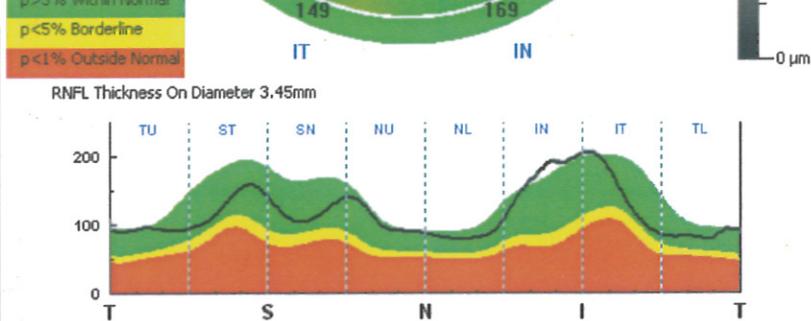
OD

Gender: M
 ID:

Exam Date: 11/11/2016
 DOB (age): 25/10/1966 (50)
 Ethnicity:
 Algorithm Version: A6, 1, 0, 4



Section	Thickness (μm)
Disc Area = 2.37mm ²	
Cup Area = 1.38mm ²	
Rim Area = 0.99mm ²	
Rim Volume = 0.082mm ³	
Nerve Head Volume = 0.148mm ³	
Cup Volume = 0.386mm ³	
Cup/Disc Area Ratio = 0.58	
Cup/Disc Horizontal Ratio = 0.77	
Cup/Disc Vertical Ratio = 0.80	
RNFL Average Thickness on Diameter 3.45mm = 115.80μm	
<input checked="" type="checkbox"/> Superior Hemisphere	110.86
<input checked="" type="checkbox"/> Inferior Hemisphere	120.74



Diagnosis:

Report Date: Friday November 11 11:32:53 2016

Report Date: Friday November 11 11:33:10 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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INTER-STAR EYE CLINIC

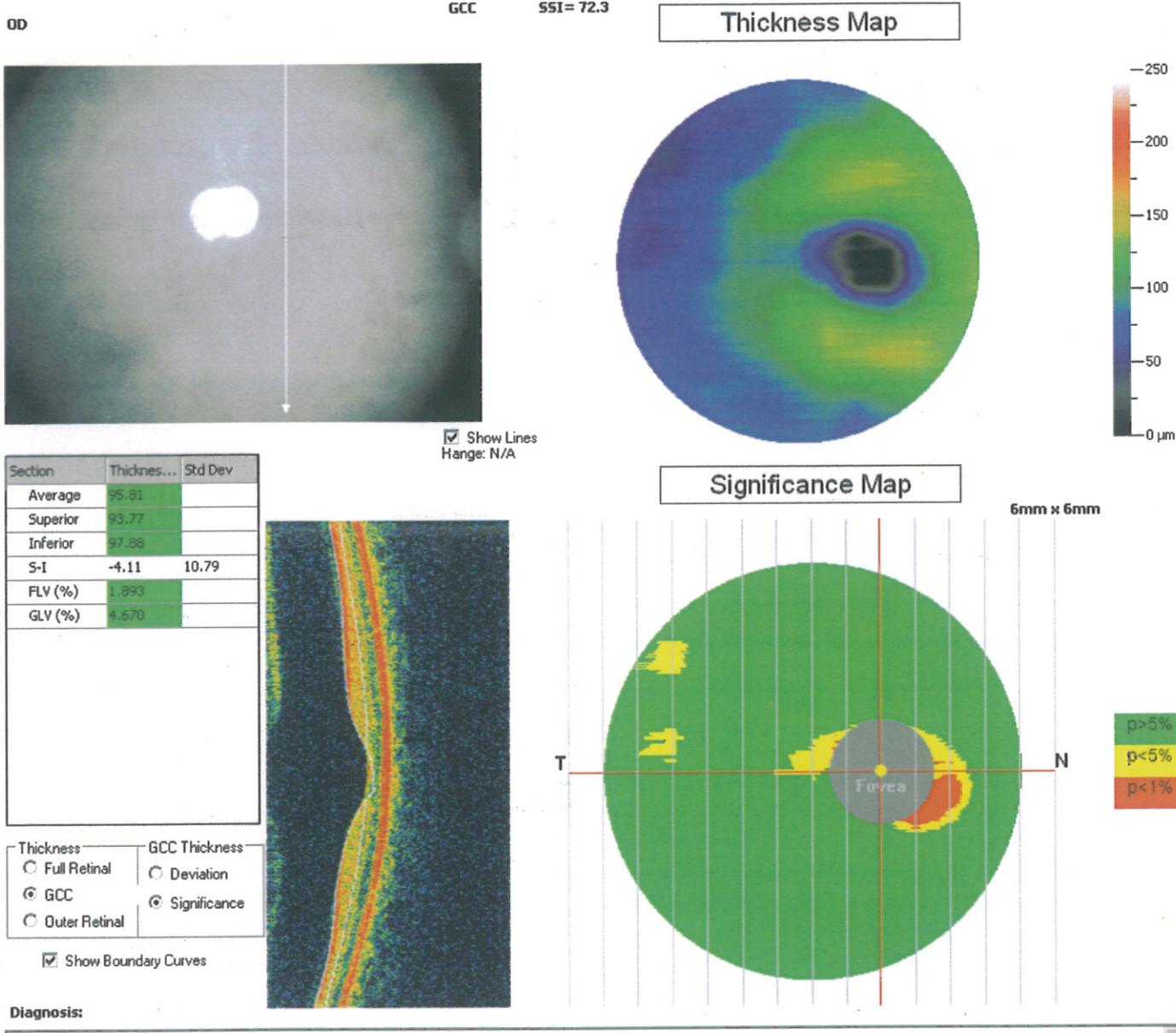
5th Lane, Hse. No F525/1 Osu . 0302783832

OD

Patient: ARDAYFIO, Joseph
 Physician: ADAM, Y. S.
 Operator: Ahiabor, Edem K
 Disease:

Gender: M
 ID:

Exam Date: 11/11/2016
 DOB (age): 25/10/1966 (50)
 Ethnicity:
 Algorithm Version: A6, 1, 0, 4



Report Date: Friday November 11 11:33:11 2016

Report Date: Friday November 11 11:33:21 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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INTER-STAR EYE CLINIC

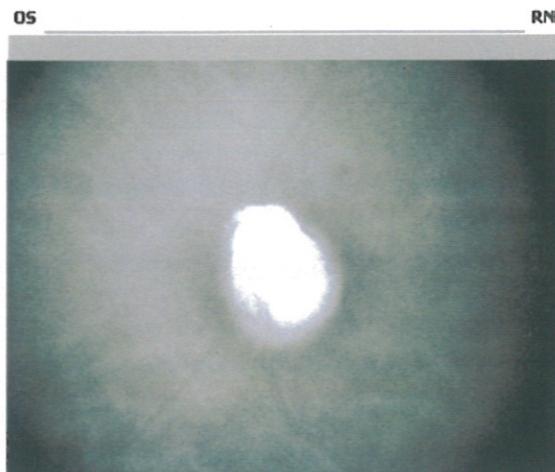
5th Lane, Hse. No F525/1 Osu . 0302783832

OS

Patient: ARDAYFIO, Joseph
 Physician: ADAM, Y. S.
 Operator: Ahiabor, Edem K
 Disease:

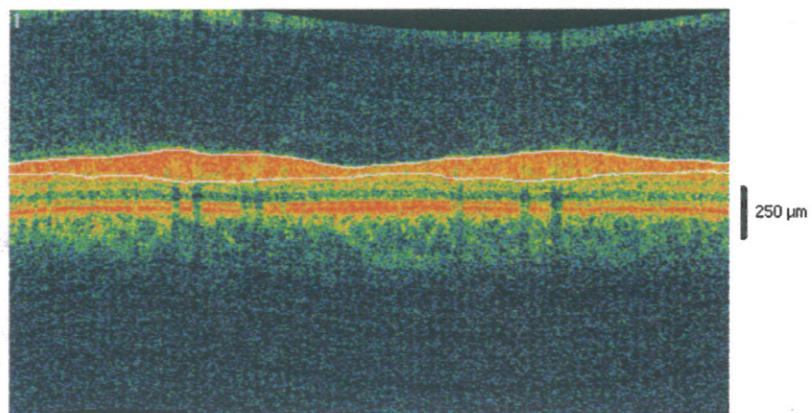
Gender: M
 ID:

Exam Date: 11/11/2016
 DOB (age): 25/10/1966 (50)
 Ethnicity:
 Algorithm Version: A6, 1, 0, 4

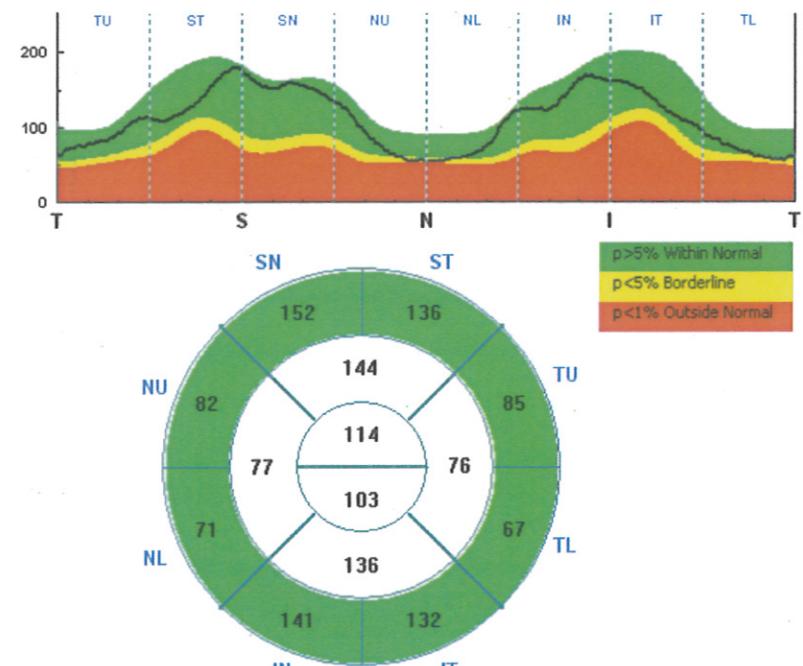


RNFL3.45 SSI = 70.0

3.45mm Scan Diameter



Section	Thickness (μm)
Std Dev Of RNFL =	2.49
Overall RNFL =	108
S. Hemisphere =	114
I. Hemisphere =	103
TEMPO	76
TL	67
TU	84
SUPERIOR	144
ST	136
SN	152
NASAL	77
NU	82
NL	71
INFERIOR	136
IN	141
IT	132



Diagnosis:

Report Date: Friday November 11 11:33:22 2016

Report Date: Friday November 11 11:33:31 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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INTER-STAR EYE CLINIC

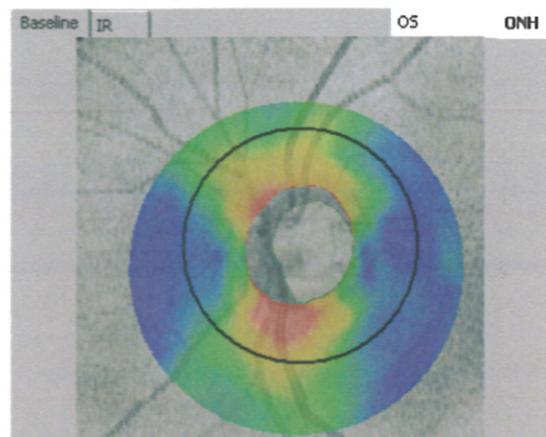
5th Lane, Hse. No F525/1 Osu . 0302783832

OS

Patient: ARDAYFIO, Joseph
 Physician: ADAM, Y. S.
 Operator: Ahiabor, Edem K
 Disease:

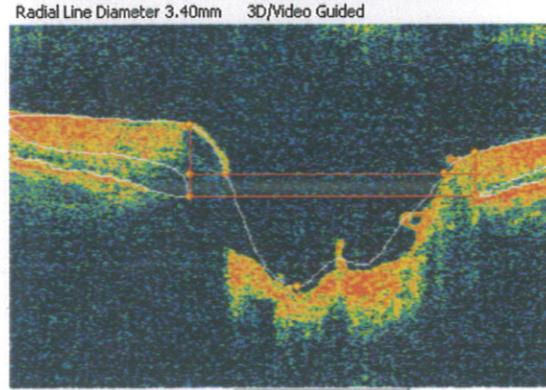
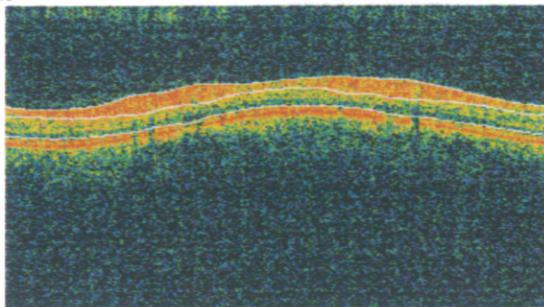
Gender: M
 ID:

Exam Date: 11/11/2016
 DOB (age): 25/10/1966 (50)
 Ethnicity:
 Algorithm Version: A6, 1, 0, 4



SSI = 60.1

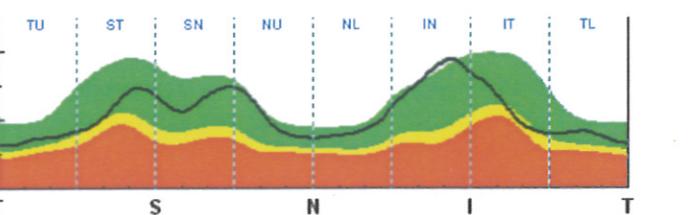
RNFL On Diameter 3.70mm



Show Boundary Curves Save As OCT Baseline Show Lines

p>5% Within Normal
 p<5% Borderline
 p<1% Outside Normal

RNFL Thickness On Diameter 3.45mm



Diagnosis:

Section	Thickness (μm)
Disc Area = 2.16mm ²	
Cup Area = 1.30mm ²	
Rim Area = 0.87mm ²	
Rim Volume = 0.110mm ³	
Nerve Head Volume = 0.175mm ³	
Cup Volume = 0.443mm ³	
Cup/Disc Area Ratio = 0.60	
Cup/Disc Horizontal Ratio = 0.76	
Cup/Disc Vertical Ratio = 0.88	
RNFL Average Thickness on Diameter 3.45mm = 106.42 μm	
<input checked="" type="checkbox"/> Superior Hemisphere	104.01
<input checked="" type="checkbox"/> Inferior Hemisphere	108.83

Report Date: Friday November 11 11:33:33 2016

Report Date: Friday November 11 11:33:51 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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INTER-STAR EYE CLINIC

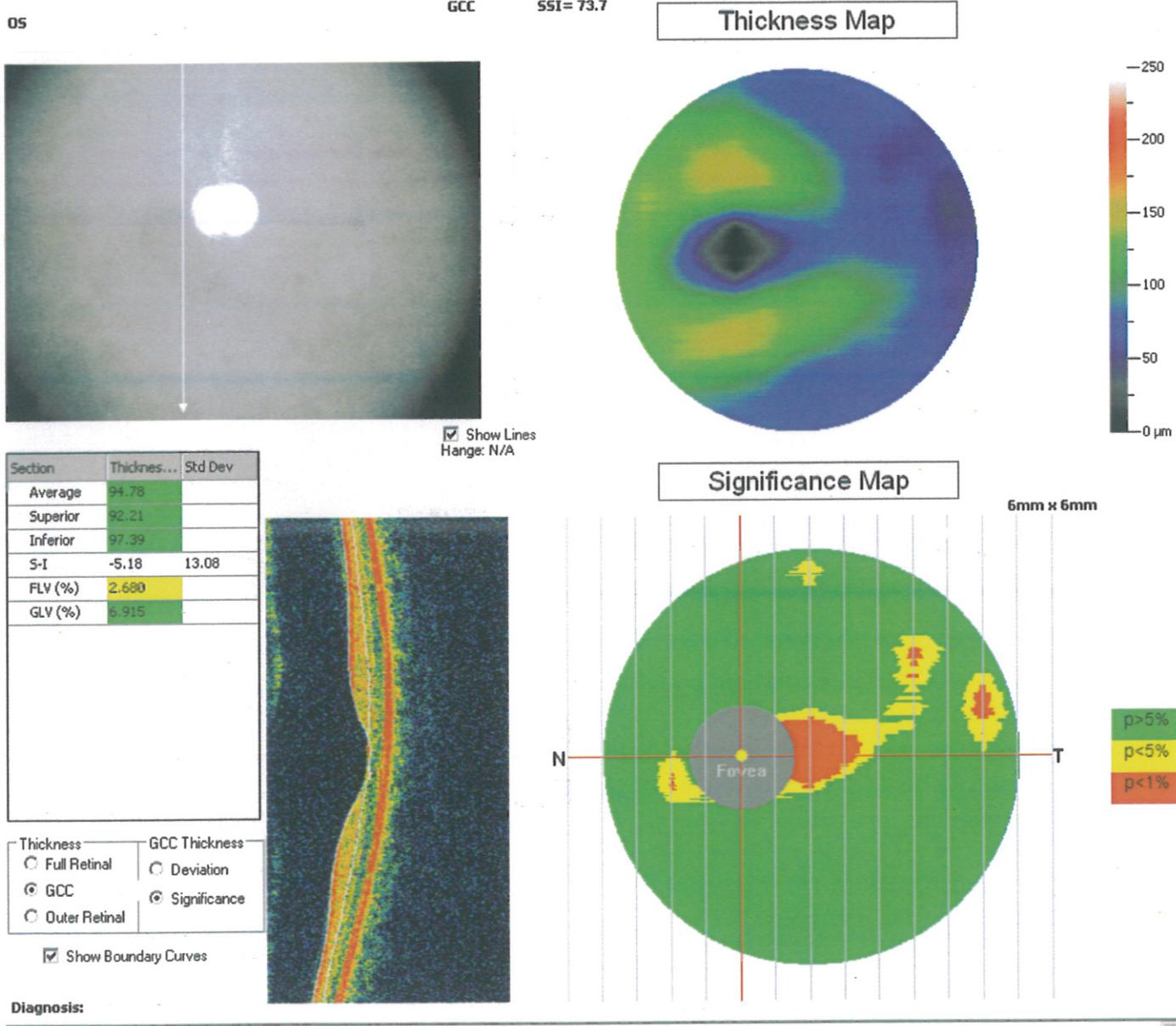
5th Lane, Hse. No F525/1 Osu . 0302783832

OS

Patient: ARDAYFIO, Joseph
 Physician: ADAM, Y. S.
 Operator: Ahiabor, Edem K
 Disease:

Gender: M
 ID:

Exam Date: 11/11/2016
 DOB (age): 25/10/1966 (50)
 Ethnicity:
 Algorithm Version: A6, 1, 0, 4



Report Date: Friday November 11 11:34:02 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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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
10-11-2016	Dist PL	-0.50	180		PL	-0.50	180	
P.D.	Inter							
65mm	Read +2.50				+2.50			
HEIGHTS	MONO		BLANK			TECH SIG. CHECKED		
R L	R	L						
DISPENSING NOTES		L70065516140 CS DESCRIPTION						GH¢ P
		FRAME Lantis 3						150.00
		LENSES 44 b1F photo						250.00
		COATING						
		SUNDRIES						
								TOTAL
								600.00
								VOUCHER
								paid 21/12/16
								BALANCE
								100.00
								DEPOSIT
								300.00 paid
								14/12/16 -
CASH <input type="checkbox"/>		CHEQUE <input type="checkbox"/>		CREDIT CARD <input type="checkbox"/>		BALANCE		21/12/16
DISPENSED BY		CHECKED BY		RECEIVED BY		DATE		

SYMPTOMS & HISTORY		OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
R 6/5 wns L 6/6 wns	6/R PL - 0.50 X 180 = 6/5 6/L PL - 0.50 X 180 = 6/5 Binoc ADD	R Rdg ADD L = N
MUSCLE BALANCE	ADD + 2.50 DS	RETEST DATE
Auto	R + 0.75 / - 0.25 X 19	

L + 0.75 / - 0.50 X 178