SURNAMES (Block Letters)

FIRST NAMES
KENNETH

Sex

M

| PHONE NUMBER | 0209212199 / 0503382028 |
|---|-------------------------|
| *************************************** | |

ADDRESS OR RESIDENTIAL % P. O. BOX 80, NKWHNTA, V/R

OCCUPATION

RETIRED

| MARITAL STATUS | | | | | |
|----------------|----------|--------|-------|--|--|
| MARRIED | DIVORCED | SINGLE | OTHER | | |
| | | | | | |
| | | | | | |
| <i>V</i> | | | | | |
| | | | | | |



| INTER-STAR EYE CLINIC & LASER CENTRE |
|---|
| NAME: Mr. Kenneth Nyame CARD NUMBER: 13356 |
| DATE: 9/09/2016 |
| % Referred for E Aveston and |
| the fulden loss of USM in LE |
| 6/2 ago |
| DM. D 3ms DM. D 3ms Mex frs = 11.2 Mex frs = 2.5 |
| Mex frs = 11.2 |
| mex 985- 8.5 |
| O LIA |
| Vr 6/9/19 N 6/18/14 |
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| 62) yeld - July - Gloss externs - macular externs |
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| - prof Lot LEGO |
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RNFL/ 94/a9 ~ 92/196. OCT Macula - 236 Microness \ 602. 1) OS Barrage laser to 179 1Sehemme rehng-914500 DOS Afalmi intermentos 30 Mt. Timolol BERD DM. T-prost BE nocte. Dr. Bramas See 6/7. 2709-16 The power # 1 5pts / Sot 512e 02 260 | 1281 | 400 only (41) (0-05ml) 2709-16 0 mastra O Vigano Tid Su 1/52



INTER-STAR EYE CLINIC & LASER CENTRE

| | 2300 |
|--|------------------|
| NAME: 28-16-16 | CARD NUMBER: |
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| DM £ | Il Genete |
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| OCT Punder flot muld meals cefans (38° | Men Xalahom |
| Det [130 Cinf BRI | (1) Coursey Book |
| 1 30 (Inf BRI | DI restraci |
| | B = A DEX |

Overview Report
SPECTRALIS® Tracking Laser Tomography

Patient: Nyame , Kenneth

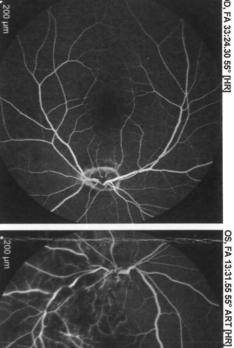
Patient ID: Diagnosis: ---1562/16

> Exam.: DOB:

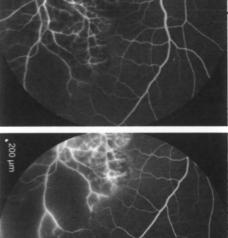
Comment: Apr/1/1956 Aug/18/2016

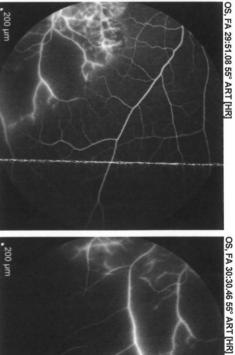
Sex:

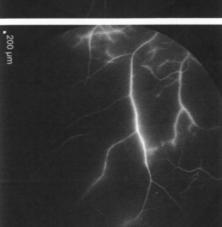
OD, FA 33:24.30 55° [HR]

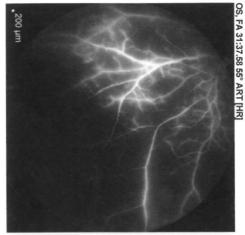


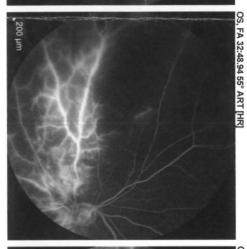


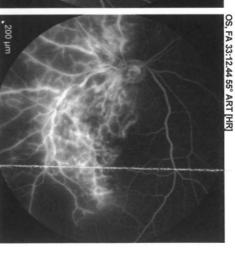












Notes:

Date: 8/18/2016

Signature:



INTER-STAR EYE CLINIC & LASER CENTRE

CONSENT FORM FOR ADULT/CHILDREN

| NAME: KENNETH NYAME |
|---|
| SEX: MALE |
| D. O. B. 01 - 04 - 1956 |
| ID No: 13356 |
| OPERATION CONSENT BY PATIENT/RELATIVE |
| I, KENNETH NYHME |
| On behalf of |
| On behalf 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 27/09/2016 |
| I, DM 45 A DAM have seen this consent before surgery and explained |
| the nature of the operation to patient/relative |
| Signature of Doctor: |
| Date: 2+69/6/ |



Margret Marquar Camola Horpital

| | YOUR VISION SSI/GHS | P-0.Box 97KD Kpando V/R M: 0505441188 |
|---|---|---|
| | | DATE August 18th, 2016 |
| | Specialist I/C Osu Accra | |
| | RE: Nyame Kenneth Age 60 Reg. N Village/Town Newanta District To | 0 |
| | Village/Town Newanta District To | el. No020 9212199 |
| | I am referring the above-named patient for emergency specialist management. | treatment / further |
| | HISTORY LE blurred noin x 1/12 | |
| iBP (2 db. results: FBS 9.5 FBC - no holesterol | mmol/L A/C Normal | -0.9 hemi-cevo = manda |
| | NAME OF CLINICIAN Dr. David Kupite TI STATUS: Ophthalud. | |