

CC270818EB

LOT 0044306

SURNAMES (Block Letters)

AGBETI OTOO

FIRST NAMES

DANIEL

Sex

MALE

PHONE NUMBER 0244884280 / 0578418141

ADDRESS OR RESIDENTIAL

ACCRA (OSU)

OCCUPATION

MARKET RESEARCHER

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

AGE

37

PLACE OF BIRTH

LEGON

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY

GHANAIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

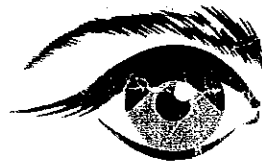
23/10/2017

NEXT OF KIN

MICHAEL S AGBETI

ADDRESS OR PHONE No. OF NEXT OF KIN

0543305937



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Daniel Agbeti. O.

CARD NUMBER: 18568

DATE: 23-10-17

% Progressive loss of vision in BB since childhood. Diagnosed of bilateral corneal dystrophy. History of laser treatment to BB (india) (2016) 2014
DM, HPT, SCD, Asthma,

VR Glaucoma, Glaucoma

VR 6/24-24, 6/18 PA.

IM 18/18
Central Scars - Cornea - WIPMey VR
Central Scars
chea - lens - clear
% 7 - fuchs - % \$5

plan

① R Tears rich BO

② fmc - red ted BO

In 6/52

6/12-17 c/o Review.

vr 6/12 g/

vr. 6/18-21

Seen

nil conj.

not comfortable with glasses esp at night

c/o

Bil Corneal dystrophies

multifocal scars.

plan: quit refish tear gels - 6/22

See 6/22



2/3/18

c/o: For review, drops are finished.

OAL GL: 6/12

OAL GL: 6/24⁻¹

VKE (Bil Corneal
Scars)

plan

① Relocate
bed

② fmr
2nd
B5

in 6/22
V4 OCT
(wife)



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

24.06.18
DATE:.....

Q: For review

V_R: 6/9⁻ w 6/9⁻ gr

V_L: 6/24⁻ w 6/24⁻ gr

Seen

9/10

Quiet

scanned curves

deep AC

10 10

Plan: 1. just de fresh ^{lingual} trans buli
→ B53.

2. See 4/12

04.06.18 Q: For review

V_R: 6/9⁻ gr

V_L: 6/24⁻ gr

Seen

9/10

Bil Corneal dystrophy

PL: 1. just de fresh lingual buli
2. See 7/12

27-8-18

%ir Review - Snaps got lost . 3 days ago

VR
6/12_{ua}



VR
6/12_{ua}



? epithelial
corneal
dystrophy

NCT $\left\{ \begin{array}{l} 15(13) \\ 12(11) \end{array} \right.$ C:D - 0.7:1

Pt underwent some
surgical procedure in
India, twice BE

Fundus

C:D - 0.7:1

Bil Epithelial Corneal dystrophy

Adv

cyclosporin e/d (BE)
6 times/day x 1 mth

To renew with old report
if needed add autologous
serum next visit

See 1/52



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER: 18568

DATE: 3-9-18

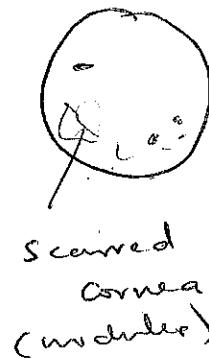
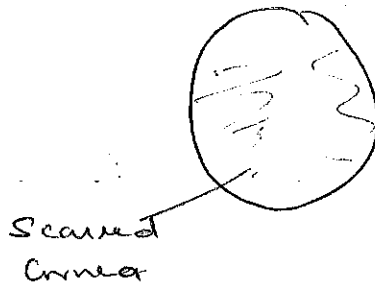
9c: Review. Teaming for the past 24 hrs now.
Pain and photophobia is associated. FB. Sensation⁺
Still on drops got finish about 24 hrs ago.

VR
6/12m

Vh
6/36 (with discomfort)

discomfort using the cyclospiro
blurred vision
RB sensation

O/E



Staining with
fluorescein

1. plan rigid Alcon Guly - LE
2. soft Refresh ligand Guly + RBS
3. See 1/2

WJ

BE - epithelial corneal dystrophy

Adv (BE)

- ① cyclosporin e/d
4 times/day
- ② Refresh liquigel e/d
4 times/day
- ③ Renew in 1 mth

12-10-18 e For review.
 $V_R: 6/9 \text{ na}$

$V_L: 6/24 \text{ na}$

BE - Epithelial corneal dystrophy

NCT $\begin{matrix} 15 (13) \\ 12 (11) \end{matrix}$

Adv (BE)

- cyclosporin e/d
4 times/day
Refresh tear e/d
4 times/day
Renew in 2 mth.



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE: 8-12-18

%: Review. No Complaint. Still on R. Tears.

Cyclosporin got finish 2/12 ago

V_R

6/18_{ua}, 6/9_{ph}

V_L

6/24_{ua}, 6/18_{ph}

symptomatically better
day vision is improving

BE - Epithelial corneal dystrophy.
lesion shows improvement

Adv

cyclosporin old (BE)
4 times/day

Refresh tears old (BE)
4 times/day

Review in 2 mth

02/02/19

c/c: Review, couldn't get the cyclosporine

Vin: 6/12

PH: 6/6

NCT

16 14

6/24

PH: 6/9

BE - epithelial corneal dystrophy

To inform Patient
once cyclosporine e/d
is available

Adv

Refresh tears e/d
4 times/day

Slit lamp Photo

Refraction

Review in 6 weeks

18.04.18

{ For review -

not been using cyclosporine e/d
5 mth

V R: 6/9⁻ w NIPM

V L: 6/24⁻ 4/12⁻ PM

NCT < 13

BE - epithelial corneal dystrophy

Slit lamp
Photo

discussed with
Dr Adam

Adv

LE - PTK

BE - Refresh tears e/d
4 times/day

BE - cyclosporine e/d
4 times/day



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	R								PRESCRIPTION GIVEN			
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism			
25.12.17	Dist	Plav	-3.00	170		H.S	-4.00	35.				
P.D. 67mm	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

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

Reading with own eyes T3, N5.

SYMPTOMS & HISTORY with +1.25Ds Prefers own eyes		T3, N5. OCCUPATION HOBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY 6/18u 6/24u	SUBJECTIVE 6/R plus 1-3.00 x 170 = 6/12 6/L +1.50 1-4.00 x 35 = 6/18 Binoc ADD	ACCOMMODATION R Rdg ADD 7/6/12 = N	
MUSCLE BALANCE Auto R -2.00/-5.50 x 167 L +5.25/-5.00 x 35 157		RETEST DATE 49.25 46.75 157	



INTER-STAR EYE CLINIC & LASER CENTER

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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
2-2-19	Dist	plano	-3.50	170		+3.00	-4.00	
P.D.	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		
		BALANCE		

PLEASE TICK

CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
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SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/12 ⁻ 6/24 ⁻	6/R - <u>plano</u> - 3.50 X 170 = 6/9 6/L +3.00/-4.00 X 20 = 6/18 Binoc ADD		R L > 6/9 R & ADD = N
MUSCLE BALANCE		<u>tubo</u> Add: +1.75 R: -0.50/-7.25 X 168 L: +5.25/-6.50 X 21	→ 33 RETEST DATE



Artemis Health Institute Gurgaon Assessment

Patient ID	: GN0000290849	Encounter Type	: Outpatient
Patient Name	: Mr. Daniel Otoo .(int)	Encounter ID	: 117596690003
Age	: 36Y	Sex	: Male
Specialty	: General Speciality	Attending Practitioner	: Dr. Sameer Kaushal (HMC 303)
Visit Date	: 06/09/2016 10:46		

Date / Time : 06/09/2016 11:24

Out Patient Note

Visit Date : 06/09/2016 10:46
Chief Complaint : Followup case Epith debridement with excision of nodules with PTK done
General and Systemic Examination : Vision Unaided
 RE 6/60 with P.H 6/36P

Undilated AR
 RE Error

NCT
 BE Error
 No epith defect
 Increased stromal haze compared to last visit

Advise

→ Flarex eye drops 4 times a day right eye for 10 days
 ---followed by 3 times a day for 10 days
 ---followed by 2 times a day for 10 days
 ---followed by once a day for 1 month
 Lubrex Uno / Ontears Unit dose eye drops 6 times a day both eyes for 6 months

Kindly follow up on

Signature

: Dr. Sameer Kaushal (HMC 3503)

Sameer Kaushal

Refraction after 1 month