

SURNAMES (Block Letters)  
AMMOND

FIRST NAMES  
RAYMOND

Sex  
MALE

PHONE NUMBER 0276706648

ADDRESS OR RESIDENTIAL Box KN 581 KANESHIE - ACCRA

OCCUPATION  
HOTEL-ROOM-ATTENDANT

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH  
2/7/71

AGE  
47 YEARS

PLACE OF BIRTH  
KANESHIE - ACCRA

ANY ALLEGIC REACTION  
TO MEDICINE  
—

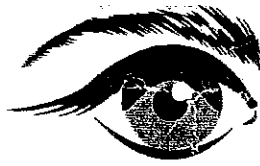
NATIONALITY  
GHANAIAN

RELIGION  
CHRISTIAN

DATE OF FIRST ATTENDANCE  
05/09/17

NEXT OF KIN  
GEORGINA HAMMOND

ADDRESS OR PHONE No. OF NEXT OF KIN  
0276317437



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Hammond Raymond

CARD NUMBER: 18335

DATE: 5-10-17

C/c Blurred vision in LE for 2/52. Gradual loss of vision. Began with redness. Irritation

Dm<sup>+</sup>, Asthma, Sed<sup>+</sup>, HPT<sup>+</sup>. Not on any drops  
Photophobia  
VR 6/5us  
w HMC, ALIPH

A  
12 32

DATE

④ - Ld - ②

- Conj - injected<sup>+</sup>

Clear - Conj - Clear KR<sup>++</sup>

no - KR - Flare<sup>++</sup> Cells<sup>++</sup>

RM<sup>+</sup> - Pup<sup>+</sup> - R<sup>+</sup>

Clear - lens - R<sup>+</sup>  
intercon strands

o.c. - Enders - No vein

Macular scars  
inferiorly

Imp. R LE Panuveitis

NO

- 1. EPR, GABA, FBS
- 2. Gatt Pred forte LE 2hly
- 3. Gatt Cyclopentolate LE bid

3. Tab Azithromycin 500mg daily  $\times \frac{3}{2}$
4. Tab Prednisolone 30mg daily  $\times \frac{1}{2}$   
then 15mg daily  $\times \frac{1}{2}$

3- See Monday + Labs

Aly

### LABS

• FRR	19 and /hr (0-15)
WBS	5.0 and /L (3.4-6.1)
ECG	No defect

Mr

1. Add Tab Septin 960mg qd
2. See 2/82

Aly



# 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: Interstareyeclinik@gmail.com Tel: 0302-783832 / 027-7755354

NAME: \_\_\_\_\_ TEL HOUSE \_\_\_\_\_ WORK \_\_\_\_\_

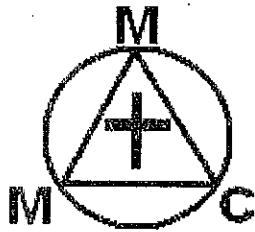
ADDRESS: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DATE OF TEST	R								PRESCRIPTION GIVEN			
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism			
5-10-17	Dist											
P.D.	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	

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/5w Hm w	6/R plan 6/L ne I Binoc ADD		= 6/5 R Rdg ADD = 6/ Hm L = N
MUSCLE BALANCE		RETEST DATE	
Auto R to 50/-0.25 x 176 L Bm		Add +1.75 os	



# MAB MEDICARE CENTRE

(Home of God's Mercies, Admonitions and Blessings)

Darkuman - Nyamekye, Last Stop

P. O. Box OS1670, Osu-Accra

Tel: 0302-959540(39) / 0248-816421

## LABORATORY REPORT

Name of Patient: RAYMOND HAMMOND    Age: AD    Sex: MALE    Date: 06/10/17

### TEST

### RESULT

ESR

19mm/hr    (0 - 15)


FBS

5.0mmol/L    (3.4 - 6.1)

G6PD

NO DEFECT

BIOMEDICAL SCIENTIST I/C .....

  
HEAD OF LABORATORY  
(BIOMEDICAL SCIENTIST)  
MAB GROUP OF COMPANIES  
NYAMEKYE-ACCRA