

URNAMES (Block Letters)
LAWSON

FIRST NAMES
GLORIA

Sex
F

PHONE NUMBER..... 0201 991745

ADDRESS OR RESIDENTIAL..... MAMPORI

OCCUPATION
.....

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
			✓

DATE OF BIRTH
10-1932

AGE

84YRS

PLACE OF BIRTH
KUMASI

ANY ALLEGIC REACTION
TO MEDICINE
.....

NATIONALITY
HAWAIIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
06-10-16

NEXT OF KIN MMA SMITH	ADDRESS OR PHONE No. OF NEXT OF KIN 0277038330
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6/10/16



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Md. Gloria Lawson

CARD NUMBER: 13701

DATE: 6/10/2016

YN-6/24 6/12 PH

YL CF @ 1m

Yo Rmms worn @ eye.

Had @ C/E in 10/2016. Nucleus
drop and eye closed.

presently using presby and Alms

A₂₁

(L) aphakia

(L) nucleus inferior retina.

Plan: needs (L) eye PPV + PPL
± PCIO under LA
Dr. Brund

11/10/16 OP NOTES

④ EME PPV + PFCL + Nd:YAG
express Thru Superior
limbus 4/4 - limbal incision 8mm
W/ 10-0 nylon interrupted
— choroidals noted intraop.

Plan: 3 Tabs. prednisolone 30mg/dly
Tabs. ranitidine 150mg BID
Tabs. ponstan $\frac{00}{11}$ 10x3
7



INTER-STAR EYE CLINIC & LASER CENTRE

CONSENT FORM FOR ADULT/CHILDREN

NAME: Gloria Lawson

SEX: Female

D.O.B: 06-10-1932

ID No: 137-01

OPERATION CONSENT BY PATIENT/RELATIVE

I, Anna Smith

On behalf of Gloria Lawson

Hereby consent to undergo the operation 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: Anna Smith

Date: 06-10-16

I, Dr. Braumail have seen this consent before surgery and explained the nature of the operation to patient/relative

Signature of Doctor: Dr. Braumail

Date: 06/10/16