

URNAMES (Block Letters)
EKAE ACKONOR

FIRST NAMES
DR. JOSEPH

Sex

PHONE NUMBER..... 0244 175117
..... 0544 338248

ADDRESS OR RESIDENTIAL..... TENA COMANU; 11
.....

OCCUPATION
RETIRED

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

DATE OF BIRTH
02/02/46

AGE
70

PLACE OF BIRTH
AKWAKUMFI

ANY ALLERGIC REACTION
TO MEDICINE

NATIONALITY
GHANAIAN

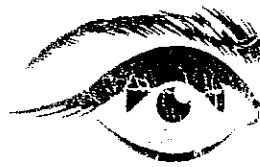
RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
11/11/2016

NEXT OF KIN
OFI ACKONOR

ADDRESS OR PHONE No. OF NEXT OF KIN
020 4200040, 0266673826

TOL EPS 14/11/16
PRP - Gmt 800.00
p 2525/2649



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Dr. Joseph Bekae Ackonot

CARD NUMBER: 14157

DATE: 11/11/2016

1/2 Blurred vision in ~~BB~~ L & R for a while.

Dm⁺ (10yrs on tabs) HPT⁺ (30yrs on med) , Asthma⁺
Last fbs 5.6 (>1/2 ago) Last BP 143/76

UR 6/9 ug, 6/9 ug

ur. cfe/m ug, cfe/m ug
re. Tph

Cent are + PR
Catsant

— lens — muler + PR
Catsant

4/103 — fules — 4/103

Plan

① LE - PHAR + DR

② FBS, FBS

su 6/5

BIO METRIC (LE)

K₁ - 43.7

K₂ - 44.1

AL - 23.80

AL(P) - 19.50 (0.06)

20.00 (-0.28)

iovue
MODEL : FA 6025D POWER : 20.00 D
Optic Ø : 6.00 mm Over All Ø : 12.50 mm
Mfg. Dt: 2015 / 07 Exp. Dt: 2018 / 06
Lot. S.No: FJL5211 105210

23-11-16

LE. ptano + M

102. 20-D

24-11-16

V_L CF (4m)
m. H5

① Cornea - Striate keratin

AL - +2 cels

ACIR

PLA -

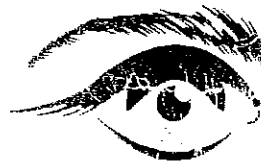
② FQuo pred Plus
L₁

③ Vignex 2nd L₁
L₂

④ Keenac 2nd L₁
L₂

⑤ drawy 2nd L₁
L₂

su 4/7



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 28-11-2016.

C/C: Review. No Complaints

V L CF(2m)

(L) Cornea - epithelial status

ACE - +1 cells

PCR

plan

① Cornea
bed

② dexamethasone
p

③ fbs prednisone
30mg 1/2
20mg 1/2

for \$
7

④ T

⑤ fbs prednisone
20mg
20mg

3/12/16.

%:- Review

V_L $\frac{6}{9}^{+1}$ u_1 , N.I pH

② Cellulose - Stripte

AG - $\frac{1}{2}$ Cell

DP

p.c.p.r

14 12

plan

○ CT

su $\frac{2}{9}$

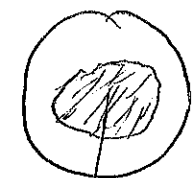
17-12-16 % Review, But LE

at 6/9th us

at 6/8th us, N.I pH

② Cellulose - Central defect

AG - $\frac{1}{2}$ Cell



defect

AG - $\frac{1}{2}$ Cell

① EXOCEN with $\frac{1}{2}$ Cell

② NERVEN $\frac{1}{2}$ Cell

③ R. Tress and LE

su $\frac{2}{7}$



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 19/12/16

V_L

(L) Cornea Central defect
AC - +1 cur
PCDL

Sn 1/7

Plan
① R. Ions and L₂
② Vigamox 24h L₂

2

20/12/16

V_L 9/36 R_L

(L) Cornea - CL (lenticles)
AC - +1 cur
PCDL

Sn 2/2

Plan
① Herpes and L₂
② ST

% Review.

VL 6/36² u9, 6/24² pth

④ Camera - State (Kerpts, CL) listed
4k - +1 cells
p cfr

① pla. pred fate 12W² E

② Vigor x wt E

③ Reverse rel E

su 1/52

29-12-16 % Review.

VL 6/24² u9, 6/24² pth

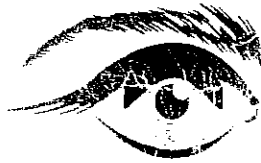
④ Camera - Su epithelial (Weg) pth
4k - +1 cells
p cfr

① pla. pred Fate 6x²

② Vigor x wt 6x²

③ R Treas 6x²

su 2/52



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....14157.

DATE:.....

12-1-17

9c:- Review, No Comments

V_L 6/18_u, 6/18⁺_{pl}

(E) Cornea-

42- +1 axis
pca

DP
u

13 14

plg

① Ptoch 12x 2nd

② draw x to 15

③ Exocin 2nd 15

④ R. Tear 2nd 15

See 2/5



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

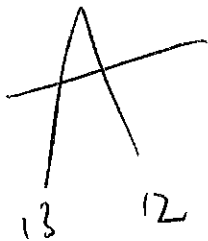
DATE: 11/05/17 .

Cc: Blurred vision. Rainbow around lights at night. Pain for a long time -

VR 6/9

VL 6/12

% Halos, glare



② - Ltd - ②

< - Ang -

dec - Conc



mild shadow
edema

Mo - Rk - Mo

RV - Rpt - RV

Plu

1. Conc shadowed LE od
2. Conc bystane Rk hcl
3. Dec Yn

4. Counselled on RE CIE F.E.L. for the near future.

Aug

8/6/17

Review

2 Sengy Halves LE
Team BE

VR 6/12 grs

VR 6/9 grs

A
25 25

① - mid - ②
- - - - -

Clear - Green - Clear

OK - OK - OK

OK - Right OK

OK - Left OK

OK - OK 0.3

1. Cutt Sengy BE Hls
2. Cutt Timolot BE Hls
3. See 6/12

13-7-17 4c Review - no complaints.

HP

VR 6/12 grs

VR 6/9 grs

2 Glass LE
Team BE

Quiet - All - Quiet
Pigmented Kfs on corner
Pigment

A
17 14

HP

1. Cutt Timolot BE Hls
2. Cutt Sengy BE Hls
3. See 2/12.

HP



INTERSTAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 24-7-17

cc pain, itching, tearing and redness in LE
for 3/7.

VR 6/9-9/1

VR 6/60 gl, 6/18 pth

OD - Wt - @ mid periorbital oedema

- Conj - Inj

dec - Cornea - Endothelial folds
stromal oedema
Pigmented cells

de - te - flaccid cells

te - pupil - mid dil.

A
18 13

AB

1. Conj Edema LE lid
2. Conj Inj LE lid
3. Conj Pthosis BE lid
4. Pub Druse 2nd lid
5. See 4/52

Ag

4-08-17 Rx: for review. ^{occasional} new complaint of tearing in DE. Still on drops.

VR: 6/9 cgr

VR: 6/9+ cgr

IP
18 17
Central Corneal
4/10 3 - lens - PCLO
bilateral conjunctivitis
fuchs - 9/10 3

plan.
① fme - need
test
BS

Su 2/12

② R. Tears
2nd
BS

11-10-17 Rx: for review. Meds finished
Frequent Tearing eyes for a while

VR: 6/9 gr

VR: 6/9 gr

bilateral conjunctivitis
Central Corneal
- lens - PCLO

IP
14 14

Su 3/12

plan.
① Tobex
BS
② R. Tears
2nd
BS



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE: 324-1-18.

Q/C Review. sees haloes around lights. in the evenings.
last fbs ?
UR 6/9 gl R 6/9 gl

Seen

Q/E

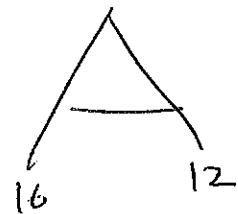
Direct

clear cornea

deep AC

n/u pupil

no+ lens 1cm



plan: 1. qutt neferu team 6/12 - 6/12

2 see 3/12

1613/18

C/O: Patient complains of pain, itching and
tearing in the eyes L > R for 6/12 2017

now: Still on drop - last FJR 2/10/2018

(4.7mm x 11)

O.R: 6/12
GL

O.L: 6/12
GL

BU Glaucoma

Central - lens - R/R
Cataract

Fy
L

14/16

4/6 3

fibers - 2/6 3

plan

① Fmc 1/6 5
(1)

② R Tears and 2/6 5

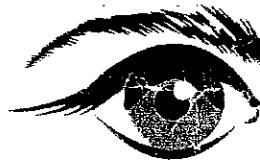
for 3/12

814/18

C/O: Patient complains of Tearing, pain and
eye redness for 3 days. Condition
started 2 days after FML just finished.

O.R: 6/12

O.L: 6/12



INTER-STAR EYE CLINIC & LASER CENTRE

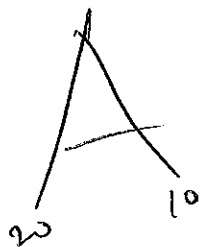
NAME: BOKAE Dr Joseph

CARD NUMBER:

DATE: 07/04/18

Seen

0/5



Direct

sight hypermetropia

clear cornea

deep AC

LOS. lens AC in

- ph 1. full Anterior bulge
- 2 full refractive tears bulge
3. See 2/52

11.05.18

E: For review. TJL
drops finished

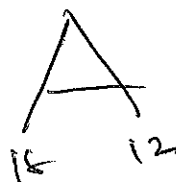
V_R: 6/9

V_L: 6/9

Seen

pan°, redness°, PR small

of E:



Direct pseudophakia
w/ a pupil

ph. 1 first reflex tears 6 hrs - 18

2 see 2/12

6-7-18

WJ

1/2 Tearing and itching in BB on occasion

VR 6/9-3 q

VR 6/9-3 q

Al supplements

IV

14 14

Art. Care - fem - p202
cathead

1/63 - fem - 1/63

Ala
① Tobrex tid 1/2
bid 1/2

fu 3/12

② R Temp tid 1/2



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE: 1-10-18

9c: Review. Wants to change Glasses. Still on Refresh Tears

VR
6/12gc

VL
6/9gc

See

of 12

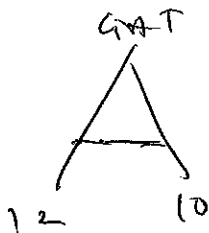
ch occasional tears
itching

Quit

of 12

Contact lens. PC in

PC +



pl. 1. 12/12 glasses

2. full Refresh tears only 12/12

3. See 12/12

Di

5/2/19 % Treating ~ BE
LE ~ burking Sinsaba ~

V_P 6/19

V_L 6/19

Clear - Area - mud hole

Imp

L

Artificial lens - PDR
Contact

28 18

NCF

^

1/2 03 - focus - 1/2 3

33 17

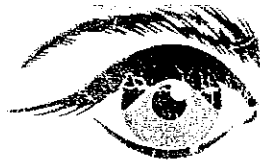
Plan

① Xalatan
note
BE

② Fm - 1/2
tel
BE

Sc 2/52
VA +D BE

③ R Tears
and
BE



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 19/02/19

cl: Rx Review, no complaint, vision sometimes become blurry (odd), Tearing.

No. 9/9/91

£1986

Scm
←
Q/E

NCT

A
22 18

dilate in!
←

Direct

scanty discharge
(persistent)

clear w/mc

deep AC

npv mm

pym - 1st reoperation
W20

- lens - pcdl, pcd

film - sup ind-
parthay laser

Cataract
+ psc
cataract
c/o 3

pas

① LE - PMP

② RE - phaco + DM

③ R Trs and ③ dilate in with 10

ION
←
20 16

20-02-19
LS

Inf PRP

Time	power	# of spots	Spot SA
02	280	1201	400

plan

① CT

② Floor/Quel
to

for 2/2

① for PRP

5/03/19

LS - Superlat PRP

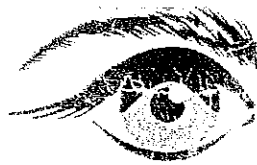
(Hazy + White)

Time	power	# of spots	Spot SA
02	300	541	400

plan

① CT

for 4/2



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

02/04/19

DATE:

Qs Haloes around lights, cloudy vision in the morning, still on the medication.
FBS: 6-7mmol/L (one month ago)

Vo: 6/12-31
6/18un

6/9sl
6/9un

NCI
^
17 16'

BU quite
Gutter — lens — pupil
Contract
y/l 3 — fucus — y/l 03

JOP
^
11 12

for 6/52
VA + DABE

- 1) ~~Plas~~ Xalatan with BGP
- 2) Hyp-v sent and BGP
- 3) work Tears and BGP

04.04.19 E Pam's and tearing in LE

NCT
^

Since yesterday, using Xalatan BE
Atropine LE
normo tears BE

V_R: 6/12 gr

V_L: 6/9 gr

(1) Conjunctivitis
Conc. clear
PCN

TOP
14/12

Pls
① ②

① Tobradex

bid 1/2
bid 2/2

FN 6/52
VA - 20/50

20.05.19 2 FN review. No complaint. using Tobradex 1 daily LE
Xalatan BE
Refresh tears BE

V_R: 6/9 gr

V_L: 6/9 gr

seen

O/C

dilated

Quiet

PSC+ Lm, PC var
NCT+, COT+

0.2 can 0.2

PL. right xalatan nocte
2. bid Refresh tears only
1. O/C Tobradex

see 2/12

Wk



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 Koff. 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
02/04/19	Dist	Hr 50	-1.25	90		-0.50			
P.D. 62mm	Inter								
	Read	43.25				43.25			
HEIGHTS		MONO		BLANK		TECH SIG. CHECKED			
R	L	R	L						

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

SYMPTOMS & HISTORY

OCCUPATION
HUBBIES

EXTERNAL EXAMINATION OPHTHALMOSCOPY

FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY

SUBJECTIVE

ACCOMMODATION

6/18 ug

6/R: +1.50/-1.25 x 180

= 6/9 R

6/7 ug

6/L: -0.50 D

= 6/9

Rdg ADD

> 6/9 L

Binoc ADD

= N

MUSCLE BALANCE

R: Emm

L: Emm

Auto

RETEST DATE

ADD: +3.250-74



INTER-STAR EYE CLINIC & LASER CENTER

14157

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NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	PRESCRIPTION GIVEN								
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
1-10-18	Dist	Plano	-0.75	180		Plano	-1.50	180	
P.D. 62mm	Inter								
	Read	+3.00				+3.00			

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME	own		
	LENSES	Photo Air SLV	160.00.	
	COATING			
	SUNDRIES			
frame to ff		TOTAL	\$160.00.	
		VOUCHER	paid 1/10/18	
		BALANCE		
		DEPOSIT		
		BALANCE		

PLEASE TICK
CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			4/10/18

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/12gc	6/R plano / -0.75 x 180 = 6/9		R L
6/9gc	6/L plano / -1.50 x 140 = 6/9		Rog ADD 6/9
	Binoc ADD		= N
MUSCLE BALANCE		RETEST DATE	
<u>tubo</u> R: Error L: plano / -1.50 x 149 Add: +3.00 BS			



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NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____

DATE OF BIRTH _____

DATE OF TEST

16-3-17

R

PRESCRIPTION GIVEN

	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
Dist	plw	-0.50	180		plw	-1.50	180	
Inter								
Read	+3.00				+3.00			

P.D.

62mm

HEIGHTS

R L

MONO

R L

BLANK

TECH SIG.
CHECKED

DISPENSING NOTES

	DESCRIPTION	GH¢ P
FRAME	(PLD) 1P608 ⁷⁷⁸ 003 145	400.00
LENSES	(photo AIR SLV)	160.00
COATING	(Transmits)	120.00
SUNDRIES	(white slv)	100.00

TOTAL

780.00

VOUCHER

paid 16/3/17

BALANCE

680.00

DEPOSIT

100.00 paid

BALANCE

16/3/17

PLEASE TICK

CASH ☐

CHEQUE ☐

CREDIT CARD ☐

DISPENSED BY

CHECKED BY

RECEIVED BY

DATE

21-3-17

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/18 un 6/9 us	6/R $\text{Plas} - 0.30 \times 180 = 6/9$ 6/L $\text{Plas} - 1.50 \times 140 = 6/9$ Binoc ADD		R Rdg ADD L $> 6/9$ = N
MUSCLE BALANCE		RETEST DATE	
Auto R +1.25/-1.00 x 20 L +0.50/-2.25 x 143 Add +3.00 DS		J3	



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NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R								PRESCRIPTION GIVEN			
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism			
11-11-16	Dist											
P.D.	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

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

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
<p>CPug</p> <p>Cfelm</p>	<p>6/R plano/-0.50 x 180 = 6/g</p> <p>6/L N.I. = 6/l</p> <p>Binoc ADD</p>		<p>R</p> <p>Rdg ADD</p> <p>L</p> <p>Cfelm = N</p>
MUSCLE BALANCE			RETEST DATE
<p>Auto Add +3.00 DS</p> <p>R +1.50/-0.75 x 21</p> <p>L error:</p>			JB