

URNAMES (Block Letters)
NGWI

FIRST NAMES
AGNES

Sex
F

PHONE NUMBER 0548554108

ADDRESS OR RESIDENTIAL RECCE BLK- 10 ROOM 2
BURMA CAMP ACCRA

OCCUPATION
REGISTRATION OFFICER

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

DATE OF BIRTH
04/84

AGE
32

PLACE OF BIRTH
KPADAN M/R

ANY ALLERGIC REACTION
TO MEDICINE

NATIONALITY
ANANIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
06/10/2016

NEXT OF KIN J. TANGWI	ADDRESS OR PHONE No. OF NEXT OF KIN 0244381026
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INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mrs. Agnes Tangwi
DATE: 6/10/2016

CARD NUMBER: 13705

c/c:- Swelling on the right upper and left lower eyelids.
Started 9 week ago.

pain⁺, tearing⁺, burning sensation⁻, discharges⁺ (whitish).
itch⁺.

Rx used Gutt Tobrin and chloramphenicol ointment
for relief.

Asthma⁻, diabetes⁻, hptn⁻, Sickle Cell⁻

VR 6/6² us

VR 6/6² us

(R) UL chalazion

(L) LL chalazion - acute

✓ PMH ✓

Plan: needs incision and cure @ UL
(2) warm compress

See 1/52 at Flarey BE @ LD
Dr. Bonnell

12-10-16 q Review.

VR b/b_{ns}

VR b/b_{ns}

Case of Chalazian for review

RT UL

LT LL

→ Doing warm compress & Flap

→ wait to ~~see~~ CT for a week first.

Considering incision to amputate

Flap
CT

2. See to 1/52

→ Possible 1 to C

Phenoxan



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 20-10-2016.

c/c :- Painful swelling of the lower eyelid of the left eye. Had recurring episodes in the past. Started 3 wks ago with the right and then 2 wks ago on the left.

discharges +, pain +, itch +, redness +

Diabetes -, hptn -, Sickle Cell -, Asthma -

V_R 6/6⁻¹

V_L 6/5⁻¹

ongoing chlamydia

Plan: ① CT warm compress

② 1% flaxep BE BD

③ OC-Epidriol BE nocte.

see 7/5

Dr. Rana



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: 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			
20-10-2011	Dist											
P.D. 66mm	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.	
<p>Final.</p> <p>OD: +0.25 DS</p> <p>OS: +0.25 DS</p>		<p>6/6 > 6/5.</p> <p>6/5</p>	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
<p>R 6/-1</p> <p>6/5</p> <p>1 6/5</p>	<p>6/R +0.50/-0.75 x 20 = 6/5</p> <p>6/L +0.50/-1.25 x 180 = 6/5</p> <p>Binoc ADD</p>		<p>R</p> <p>Rdg ADD</p> <p>L</p> <p>6/5 = N</p>
MUSCLE BALANCE			RETEST DATE
<p>Aut</p> <p>R: PL / -1.00 x 27</p> <p>L: PL / -1.75 x 4.</p>			