

SURNAMES (Block Letters)

Abdullah

FIRST NAMES

Mahdi

Sex

Male

PHONE NUMBER.....

0208125600

ADDRESS OR RESIDENTIAL.....

Box 9484 Airport - Beers

OCCUPATION

Self Employed

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

AGE

30<sup>th</sup> Aug 1945

74

PLACE OF BIRTH

Kumbungu

ANY ALLEGIC REACTION  
TO MEDICINE

NATIONALITY

Ghanaian

RELIGION

Muslims

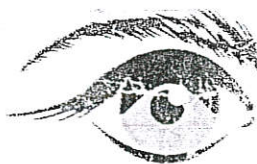
DATE OF FIRST ATTENDANCE

NEXT OF KIN

ADDRESS OR PHONE No. OF NEXT OF KIN

YACOFIOL - Gaddbodo.

1st Gaddbodo.



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Abdullah Mahdi

CARD NUMBER: 24086

DATE: 18/7/19

% Treating in ~~15~~ for  $> 2/2$

Dim.  $\phi$

HAT:  $\oplus$

(on med)

V<sub>R</sub> 6/60m 6/12m

V<sub>L</sub> 6/18m 6/9m

But quite

ISP

12 13

lens -

Artisan + Hucker  
Contract

+ Contract  
Contract

4/4 - fulus -

4/4

Plan

① R/L Presio + Bl

② FBS, FBL

③ R. Teas and  
Bl

4/4



23-08-19

(2) phaco + IOL  
20.0D  
YSA

MODEL: SA60AT 23/8/19 EXP DATE 2023-12-31  
POWER: 20.0 D R-E UV  
LENGTH(Ø<sub>T</sub>): 13.0mm  
OPTIC(Ø<sub>B</sub>): 6.0mm  
ACRYSOL® SINGLE PIECE IOL  
SN 21235629 039 Alcon Laboratories, Inc.

24-08-19

1st day post-op

V<sub>R</sub>: G/g we ph G/g

(2) Glna - mild epithelial edema  
AK - +2 cells  
R IOL

phs

- ① fixed fete h/b RS
- ② Vigamox gel RS
- ③ Acuvue gel RS
- ④ diaox tid po
- ⑤ Oc hypvart  
noct RS

su 5/7



# INTER-STAR EYE CLINIC & LASER CENTER

Loc: 10th Lane H/No. F764/1 Osu, RE Accra, Old American Embassy Road, Opposite  
Mankara Restaurant Near Citizen Kofi. E-mail: Interstareyeclinic@gmail.com Tel: 0302-783832 / 027-7755354

E: \_\_\_\_\_ TEL HOUSE \_\_\_\_\_ WORK \_\_\_\_\_

PRESS: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

E OF TEST	R PRESCRIPTION GIVEN							
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
07-19	Dist	-3.00			-2.00			
D.	Inter							
4mm	Read	+3.00			+3.00			
HEIGHTS	MONO		BLANK		TECH SIG. CHECKED			
L	R	L						

SPENDING NOTES	DESCRIPTION	GH¢	P	
	FRAME			
	LENSES			
	COATING			
	SUNDRIES			
CASE TICK	TOTAL			
	VOUCHER			
	BALANCE			
	DEPOSIT			
CH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>	BALANCE	
SPENDED BY	CHECKED BY	RECEIVED BY	DATE	

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/12 gr	6/R - 3.00 05 = 6/9 6/L - 2.00 05 = 6/9 Binoc ADD		R L Rdg ADD 6/6 = N
SCLE BALANCE	Add + 3.00 05 → 3.2		RETEST DATE

Auto -1.50 (-2.00 x 6 D)  
 -1.50 (-1.25 x 107)



# INTER-STAR EYE CLINIC & LASER CENTRE

## CONSENT FORM FOR ADULT/CHILDREN

NAME: Mahdi Abdullah

SEX: Male

D. O. B: 30/Aug/1945

ID No: 24086

## OPERATION CONSENT BY PATIENT/RELATIVE

I, Mahdi Abdullah

On behalf of .....  
Hereby consent to undergo the operation of Laser Cataract Surgery (Right Eye)

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 Mahdi Abdullah

Date 23/8/19

I, DR Y. S. ADAM have been this consent before surgery and explained the nature of the operation to patient/relative

Signature of Doctor: Dr Y. S. Adam

Date: 23/08/2019



Physician1: ID: 24086 Name: MAHDI ABDULLAH

BIO B PACHY

NIDEK ECHOSCAN 07/18/2019 16:18

Axial	ACD	R1 (D)	R2 (D)	Target	Formula
24.05	3.60	42.00	43.70	0.00	Formula/T

IOL1	PMMA-AU	IOL2	SA60AT	IOL3	PMMA-IO
Aconst	118.5	Aconst	118.4	Aconst	118.4

Power : 19.75      Power : 19.64      Power : 19.64

IOL	Ref.	IOL	Ref.	IOL	Ref.
18.5	0.86	18.0	1.12	18.0	1.12
19.0	0.52	18.5	0.79	18.5	0.79
19.5	0.17	19.0	0.44	19.0	0.44
20.0	-0.17	19.5	0.10	19.5	0.10
20.5	-0.52	20.0	-0.25	20.0	-0.25
21.0	-0.88	20.5	-0.61	20.5	-0.61
21.5	-1.24	21.0	-0.97	21.0	-0.97

Selected IOL

No.

Model :

IOL :

OD/R IOL BIO / IOL

USB Print

Physician1: ID: 24086 Name: MAHDI ABDULLAH

BIO B PACHY

NIDEK ECHOSCAN 07/18/2019 16:18

Axial	ACD	R1 (D)	R2 (D)	Target	Formula
23.84	3.76	42.50	43.80	0.00	Formula/T

IOL1	PMMA-AU	IOL2	SA60AT	IOL3	PMMA-IO
Aconst	118.5	Aconst	118.4	Aconst	118.4

Power : 20.04      Power : 19.93      Power : 19.93

IOL	Ref.	IOL	Ref.	IOL	Ref.
18.5	1.05	18.5	0.98	18.5	0.98
19.0	0.72	19.0	0.64	19.0	0.64
19.5	0.37	19.5	0.30	19.5	0.30
20.0	0.03	20.0	-0.05	20.0	-0.05
20.5	-0.32	20.5	-0.40	20.5	-0.40
21.0	-0.67	21.0	-0.76	21.0	-0.76
21.5	-1.03	21.5	-1.12	21.5	-1.12

Selected IOL

No.

Model :

IOL :

OS/L IOL BIO / IOL

USB Print



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Fax: 0302 306 746  
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ISO/IEC 15189 :2012 ACCREDITED LABORATORY

## MEDICAL LABORATORY REPORT

For Doctor

MDS-LANCET LABORATORIES GH LTD  
27 MASERU STREET  
EAST LEGON  
.... ACCRA

Other Doctors

Patient : ALHAJI MAHDI SALIFU ABDULLAH Guarantor : MR M ABDULLAH  
Doctors Ref: NOT AVAILABLE MedAid : CASH N  
Age/Sex/DOB: 73 / M / 19450830 Tel : 0208125600  
Id Num : AM0208125600 (W) NOT AVAILABLE

Lab Ref : 706383589 Collection Date : 22/08/19 0900  
MRI No. : GN00101577 Received Date : 22/08/19 0950  
Spec # : 0822:HR00035L FINAL Report Date : 22/08/19 1059

Requested : ., P-GLU (f), FBC

### HAEMATOLOGY

Test	Result	Reference
FULL BLOOD COUNT		
> RBC	4.23 /pl	L 4.5 - 6.5
> Hb (HAEMOGLOBIN)	13.8 g/dL	13.0 - 18.0
> HAEMATOCRIT	0.42 L/L	0.40 - 0.54
> MCV	98 fL	76 - 99
> MCH	32.5 pg	26 - 33
> MCHC	33.1 g/dL	30 - 37
> RDW	13.2 %	11.0 - 16.0
> PLATELETS	218 x 10 <sup>9</sup> /L	150 - 450
> WBC ONLY (NO DIFF.COUNT)	5.8 x 10 <sup>9</sup> /L	4.0 - 12.0

Please note change in reference range.

> NEUTROPHILS	39.4%	2.29 x 10 <sup>9</sup> /L	2.0-7.5
> LYMPHOCYTES	52.4%	3.04 x 10 <sup>9</sup> /L	1.0-4.0
> MONOCYTES	5.1%	0.30 x 10 <sup>9</sup> /L	0.2-1.0
> EOSINOPHILS	2.5%	0.15 x 10 <sup>9</sup> /L	0.05-0.5
> BASOPHILS	0.6%	0.03 x 10 <sup>9</sup> /L	0.00 - 0.20

Absolute leucocyte values are normal

Reversed neutrophil:lymphocyte ratio

Platelets are adequate

For consultation by referring doctors only, please call:

Dr Colin de Bruyn +2711 358 0720

Dr Yannis Pillay +2711 358 0718

Dr Emma Wypkema +2711 358 0813

Dr Lindsay Earlam +2711 358 0733



For Doctor  
MDS-LANCET LABORATORIES GH LTD  
27 MASERU STREET  
EAST LEGON  
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Other Doctors

Patient : ALHAJI MAHDI SALIFU ABDULLAH Guarantor : MR M ABDULLAH  
Doctors Ref: NOT AVAILABLE MedAid : CASH N  
Age/Sex/DOB: 73 / M / 19450830 Tel : 0208125600  
Id Num : AM0208125600 (W) NOT AVAILABLE

Lab Ref : 706383589 Collection Date : 22/08/19 0900  
MRI No. : GN00101577 Received Date : 22/08/19 0950  
Spec # : 0822:BR00081L FINAL Report Date : 22/08/19 1128

Requested : .. P-GLU (f), FBC

**BIOCHEMISTRY**

Test	Result	Reference
> P-GLUCOSE fasting	4.9 mmol/L	4.56 - 6.38

For consultation by referring doctors only, please call:

Dr David Rambau +2712 483 0237

Dr H E Van Deventer +2711 358 0977

Dr Peter P Tsaagane +2711 710 8050

Dr Jacques De Greef +2712 483 0100