

SURNAMES (Block Letters)

ASANTE

FIRST NAMES

MANU DICKSON

Sex

MALE

PHONE NUMBER.....0203 506287.....

ADDRESS OR RESIDENTIAL.....BLK M, ROOM 6, BURMA-CAMP.....

OCCUPATION

STUDENT

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

AGE

17/12/1992

26

PLACE OF BIRTH

ATONSI - KUMASI

ANY ALLEGIC REACTION  
TO MEDICINE

NATIONALITY

GHAANIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

27/07/2019

NEXT OF KIN

DIANA ANANE  
0246287079

ADDRESS OR PHONE NO. OF NEXT OF KIN

0246287079 BURMA-CAMP

phy (P) 27/7/19



## INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Dickson Manu Asante

CARD NUMBER: 24144

DATE: 27/7/19

R Blurred vision at far in BE (RE>LES) for a long time. used glasses during childhood but stopped SCN<sup>d</sup>, using unknown eyedrop since yesterday. wants LASIK.

V<sub>R</sub>: 6/24 in 5/12pm

V<sub>L</sub>: 6/24 in 5/12pm

Sem

of E

Quiet

NCT

clear cornea

dry AC

A  
18 18

Mu mil

clear lens

CCT { 523  
527

0.4 com 0.4

Pl. 1. Corneal topography

2. for LASIK (R/L) fit

	R	L
K <sub>1</sub>	45	45
	46	45



# INTER-STAR EYE CLINIC & LASER CENTER

24144

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	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
27-07-19	Dist	-2.75			-2.75			
P.D.	Inter							
65mm	Read							

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED	
R	L	R	L				

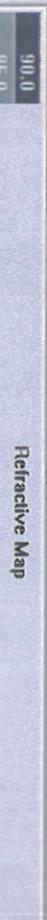
DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME			
	LENSES			
	COATING			
	SUNDRIES			
	TOTAL			
	VOUCHER			
	BALANCE			
	DEPOSIT			
	BALANCE			
PLEASE TICK				
CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>		
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE	

SYMPTOMS & HISTORY		OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
$\frac{6}{24}$ L $\frac{6}{24}$ R	6/R      -2.75 05 6/L      -2.75 05 Binoc ADD	$= 6/6$ R            L Rdg ADD $\frac{6}{6}$ $= N$
MUSCLE BALANCE		RETEST DATE
<u>Anto</u> R -2.75/-0.50 X 181		

$\boxed{-2.75/-0.50 \times 35}$

Name: ASANTE, MANU DICKSON  
Dat. o.B.: 17.12.92  
Eye: Right

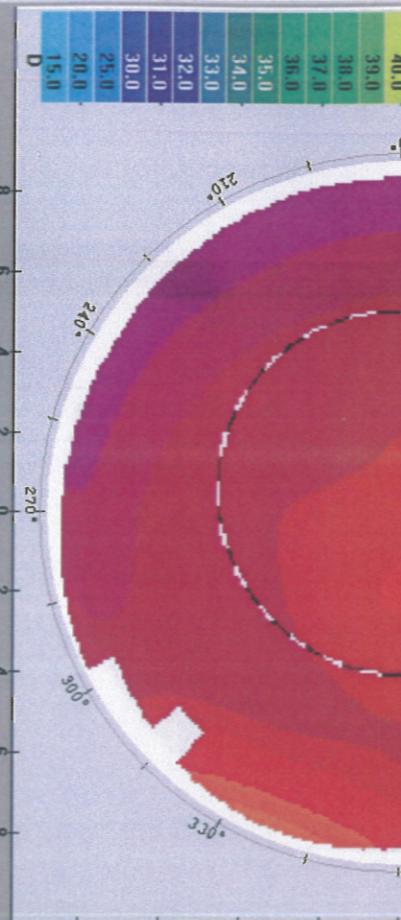
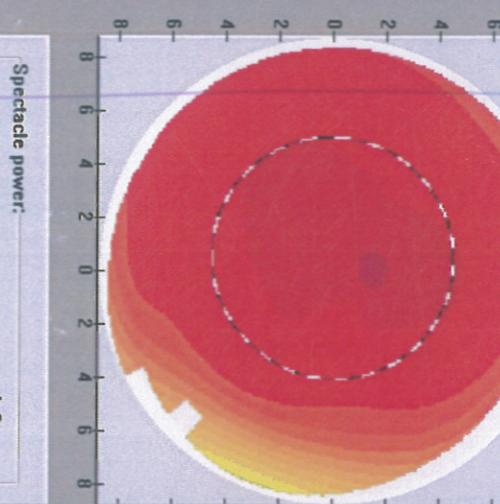
Exam. dat.: 27.07.19  
Exam. time: 10:04:40



Refractive Map



Original



180° 90° 60° 30° 0° 30° 60° 90° 180°

	Rh: 7.47mm / 45.2D / 163.0°	Astig: 0.32D	Pupil: 4.5mm	Apex: 7.33mm / 46.0D
Rv: 7.42mm / 45.5D / 73.0°	Ecc: 0.59	Iris: 11.7mm	θ[mm]   9.35 ± h: 1609μm	D   10.0

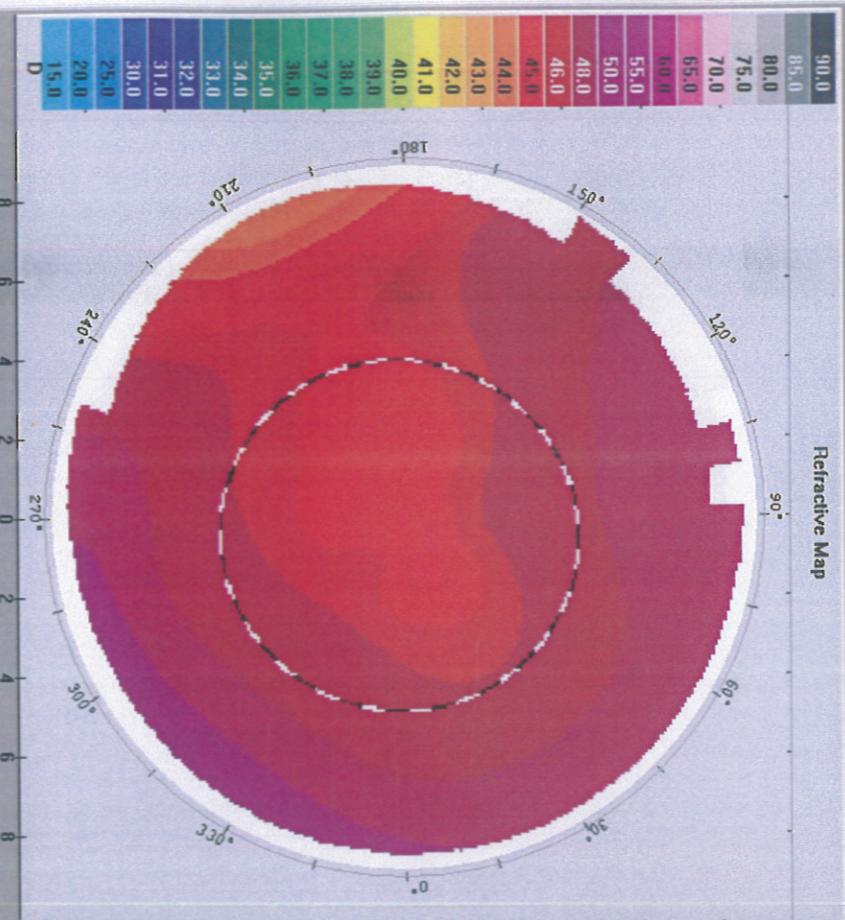
## WAVELIGHT - ALLEGRO TOPOLYZER VARIO

Patient Examination Lens Check Display Settings T-CAT Miscellaneous

Name: ASANTE, MANU DICKSON  
Dat. o.B.: 17.12.92 Eye: Left

Exm. dat.: 27.07.19  
Exm. time: 10:06:15

JPG Print



## Spectacle power:

cvd=0:  
Sph(D): 0.00

Cyl(D): 0.00

Axis: 0

cvd[mm]:  
0

Rlt: 7.54mm / 44.7D / 19.9°  
Rvt: 7.41mm / 45.5D / 109.9°

Astig: 0.77D Ecc: 0.57 Iris: 11.7mm

Apex: 7.43mm / 45.4D  
θ[mm] 9.35 ± h: 1584μm

WAVELIGHT - ALLEGRO OCULYZER 4 Maps Refractive

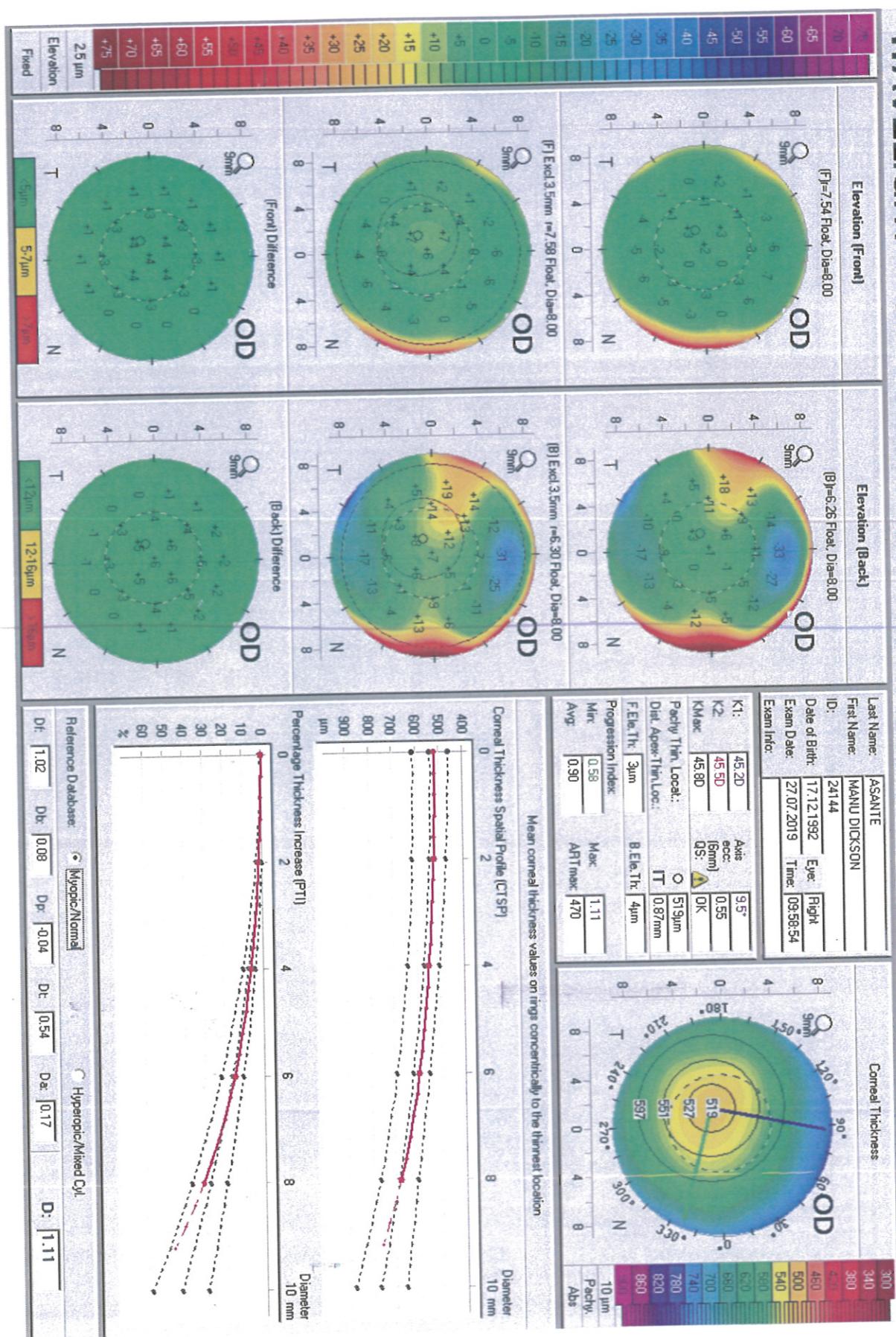


**Wavelength**®



# Wavelight®

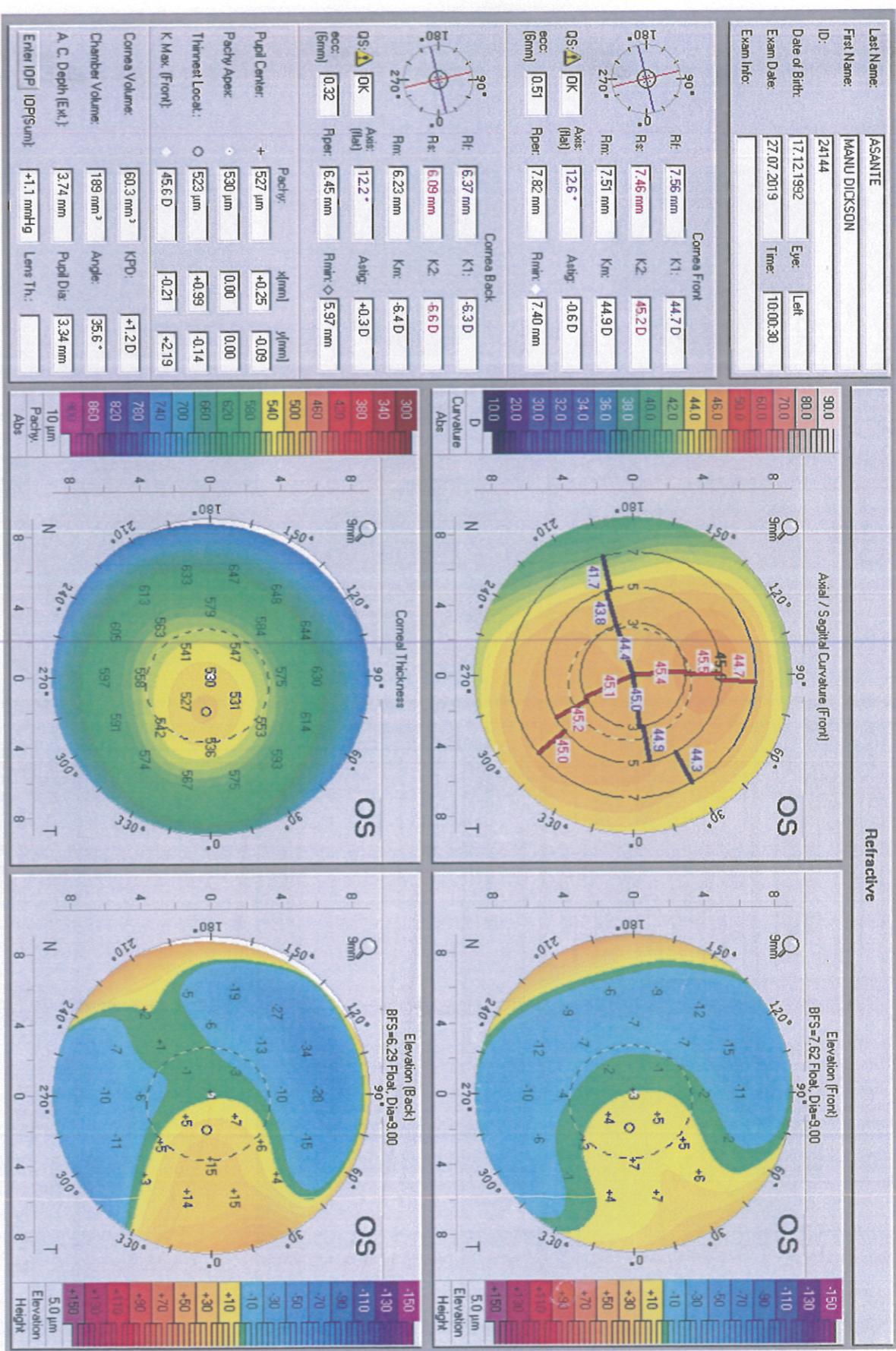
## WAVELIGHT - ALLEGRO OCULYZER Belin / Ambrósio Enhanced Ectasia





# Wavelight®

## WAVELIGHT - ALLEGRO OCULYZER 4 Maps Refractive

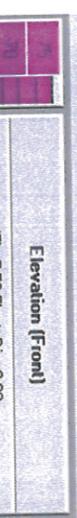




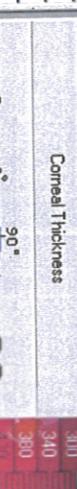
# Wavelight®

## WAVELIGHT - ALLEGRO OCULYZER

### Belin / Ambrósio Enhanced Ectasia



Last Name:	ASANTE
First Name:	MANU DICKSON
ID:	24144
Date of Birth:	17.12.1992
Eye:	Left
Exam Date:	27.07.2019
Time:	10:00:30



Wavelight

Wavelight