29/7/19
atient will join
Thurs day procedure
GH¢1,200/Left
Eye

FIRST NAMES
SOLOMON

Sex
M

HR (Pls do not call)
2252537 / 0559748984

ADDRESS OR RESIDENTIAL MANET

OCCUPATION
MINIPLAST

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		/	

DATE OF BIRTH	AGE
13/01/1993	26

PLACE OF BIRTH
SUHUM

ANY ALLEGIC REACTION TO MEDICINE

NATIONALITY
GHANAIAN

RELIGION
GREATER ACCRA

DATE OF FIRST ATTENDANCE
29/07/19

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
OBED TETTEH	0244180123

(P) 1/8/19

INTER-STAR EYE CLINIC & LASER CENTRE

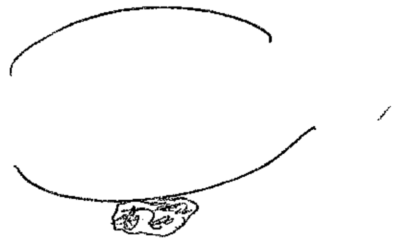
NAME: Solomon Tetteh CARD NUMBER: 24153

DATE: 29-07-19

C/: Growth on LE from childhood - seems to be getting bigger as he grows. Trauma Ø SCD Ø, using 'unknown eyedrops.

V_R: 6/6 V_L: 6/5

NCT
20 20



LLL naevus.
For excision biopsy
(600)

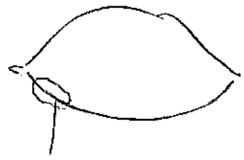
1/8/19

Biopsy of LL naevus
Pad & strap.

PO
Tabs paracetamol tid x3
Pad off in the evening
c [illegible] Review Monday

02/08/19 VR: 6/6 ...   VL: 6/5 ...

Seen 1st POD



excision site

clean

discharge

bleeding

Plan ① ... oxymet 6hly — LE

(lid margin LL)

② See Monday (Dr Bogbe)

08/08/19

C/O: For Review, no complaints, still on the medication.

VR: 6/6 ...   6/5 ...

...

21 19

L

Satisfactory.

1/12

CT ... oxymet

...

INTER-STAR EYE CLINIC & LASER CENTRE

CONSENT FORM FOR ADULT/CHILDREN

NAME: Teteh Solomon

SEX: Male

D. O. B: 13 - 01 - 1993.

ID No: 24153

OPERATION CONSENT BY PATIENT/RELATIVE

I, Teteh Solomon

On behalf of Myself

Hereby consent to undergo the operation of Excision of LL mass

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

Date 1/08/19

I, Dr Doghe' have been this consent before surgery and explained the nature of the operation to patient/relative

Signature of Doctor:

Date: 21/8/19

Location: 10th Lane, Hse No. 764, Osu-RE, Opp. Buka Restaurant, near Old American Embassy
DTD 162 Cantonment, Accra

2415 3

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 29-7-19

P.D. 62mm

	R PRESCRIPTION GIVEN							
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
Dist	Plano	-0.50	90		Plano	-0.25	90	
Inter								
Read								

HEIGHTS R	L	MONO R	L	BLANK	TECH SIG. CHECKED

DISPENSING NOTES

DESCRIPTION	GH¢ P
FRAME	
LENSES	
COATING	
SUNDRIES	
TOTAL	
VOUCHER	
BALANCE	
DEPOSIT	
BALANCE	

PLEASE TICK

CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE

SYMPTOMS & HISTORY	OCCUPATION HUBBIES
EXTERNAL EXAMINATION OPTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
6/6 w	6/R Plano/−0.50 X 90 = 6/5	R L
6/5 w	6/L Plano/−0.25 X 90 = 6/5	Rdg ADD = N
	Binoc ADD	

MUSCLE BALANCE	RETEST DATE
Ortho R −0.50/−0.50 X 80 L −0.50/−0.25 X 174	