

SURNAMES (Block Letters)

Jamila

FIRST NAMES

Shiraz

Sex

Female

PHONE NUMBER.....0244-574892.....

ADDRESS OR RESIDENTIAL.....

House number 11/10 UNIS/11

2nd TIPPER KASUA

OCCUPATION

Business woman

MARITAL STATUS

MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH

30<sup>th</sup>/12/1978

AGE

45 years

PLACE OF BIRTH

Jaminal

ANY ALLEGIC REACTION  
TO MEDICINE

No

NATIONALITY

Ghanian

RELIGION

Muslim

DATE OF FIRST ATTENDANCE

9/7/2019

NEXT OF KIN

Shiraz

ADDRESS OR PHONE No. OF NEXT OF KIN

020-1669247 or 0265-576736

CT  
9/7/19



## INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Shirazu Iamilatu

24024.

CARD NUMBER: .....  
DATE: 9/7/19

Q: Blurred vision at far for 2 years + car headlights distress eyes at night when she drives.

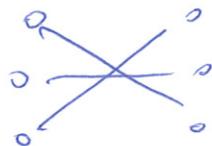
Specs: OM: HPT: Not using eyedrops.

V R: 6/12 m 6/9 pm

V L: 6/18 m 6/12 pm

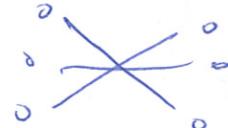
Sem

of e



NCT

Quiet



clear lines

dear Ac

no min

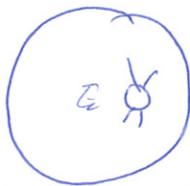
rest

A  
14 15

dilatation!

0.5

close 0.5



macular  
changes  
(maculopathy)

Pl. 1. Det - macula

2. Improve glasses

3. See 4/12

Pd

# INTER- STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 233277755354

OD

Patient: SHIRAZU, JAMILATU

Physician: CEESAY, W.DR

Operator: DONKOR, GODWIN K.E.

Disease:

Gender: F

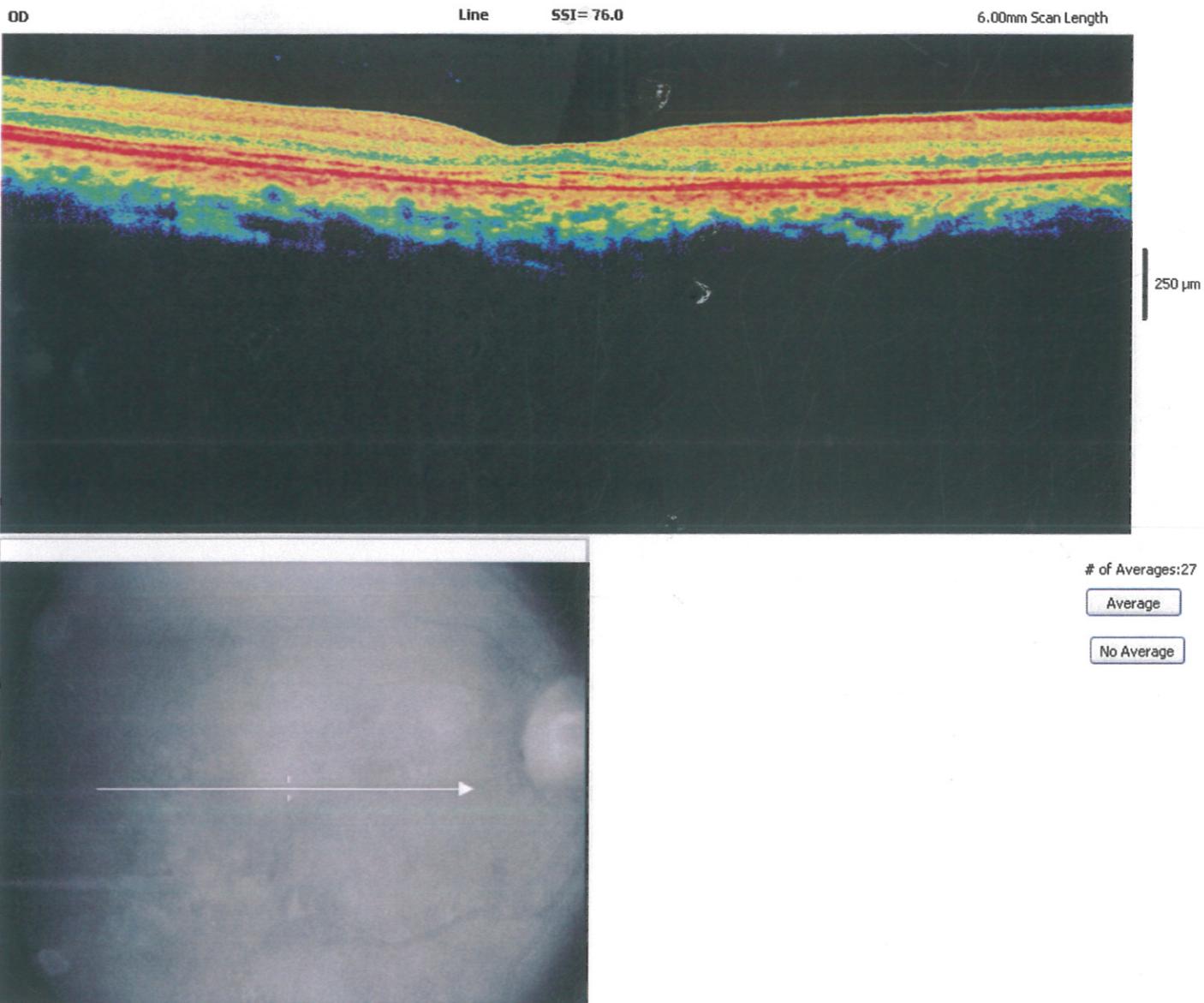
ID: 24024

Exam Date: 09/07/2019

DOB (age): 30/12/1973 (45)

Ethnicity: African Descendant

Algorithm Version: A6, 8, 0, 27



**Diagnosis:**

Report Date: Tuesday July 09 14:45:08 2019

Report Date: Tuesday July 09 14:45:18 2019

Software Version #6, 8, 0, 27

Comments:

Signature:

Defining the OCT Revolution

optovue

# INTER- STAR EYE CLINIC AND LASER CENTRE

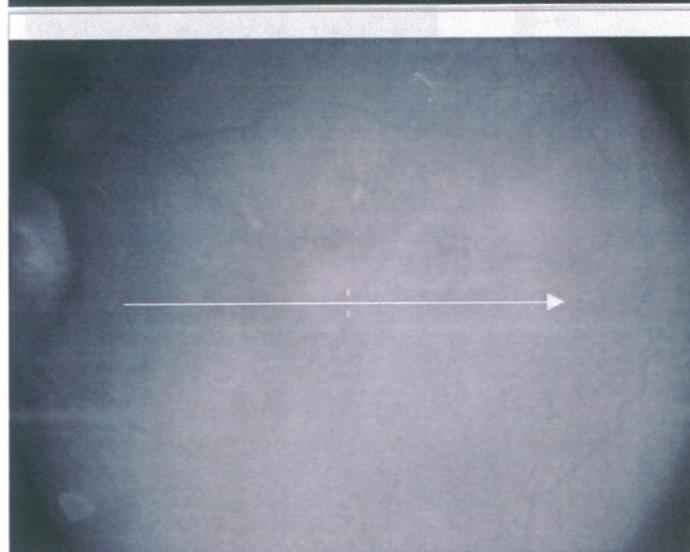
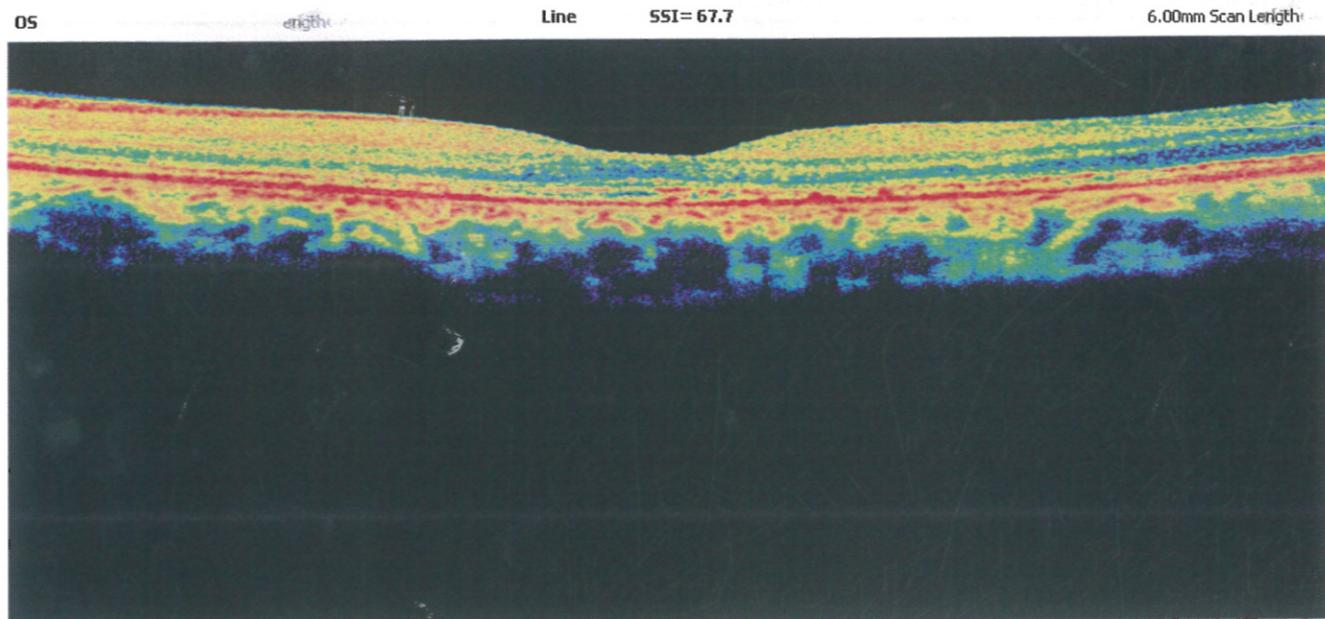
OSU ACCRA . 233277755354

OS

Patient: SHIRAZU, JAMILATU  
Physician: CEESSAY, W.DR  
Operator: DONKOR, GODWIN K.E.  
Disease:

Gender: F  
ID: 24024

Exam Date: 09/07/2019  
DOB (age): 30/12/1973 (45)  
Ethnicity: African Descendant  
Algorithm Version: A6, 8, 0, 27



# of Averages: 26

Average

No Average

**Diagnosis:**

[Empty text box for diagnosis]

Report Date: Tuesday July 09 14:45:26 2019

Report Date: Tuesday July 09 14:45:32 2019

Software Version #6, 8, 0, 27

Comments:

Signature:

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# INTER- STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 233277755354

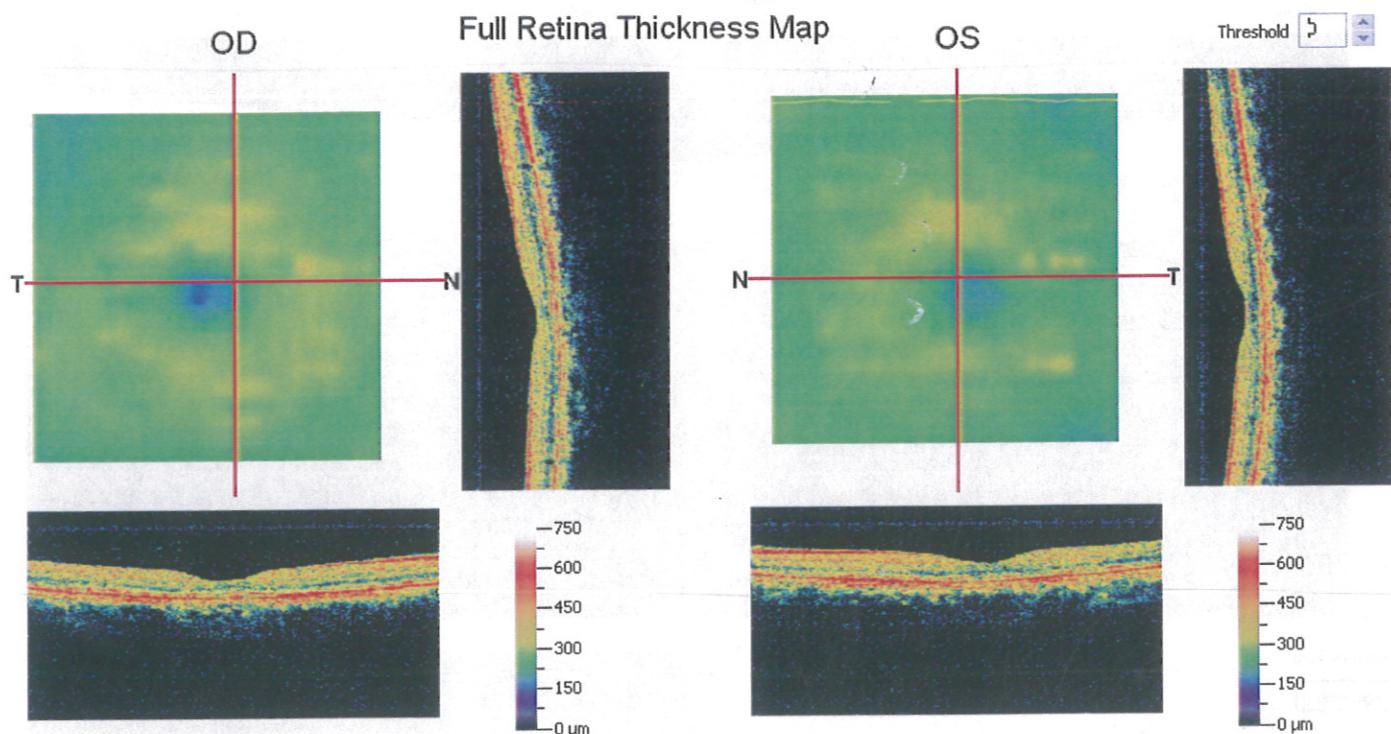
## Macula Map(EMM5) Retina Report

OD/OS

Patient: SHIRAZU, JAMILATU  
 Physician: CEESAY, W.DR  
 Operator: DONKOR, GODWIN K.E.  
 Disease:

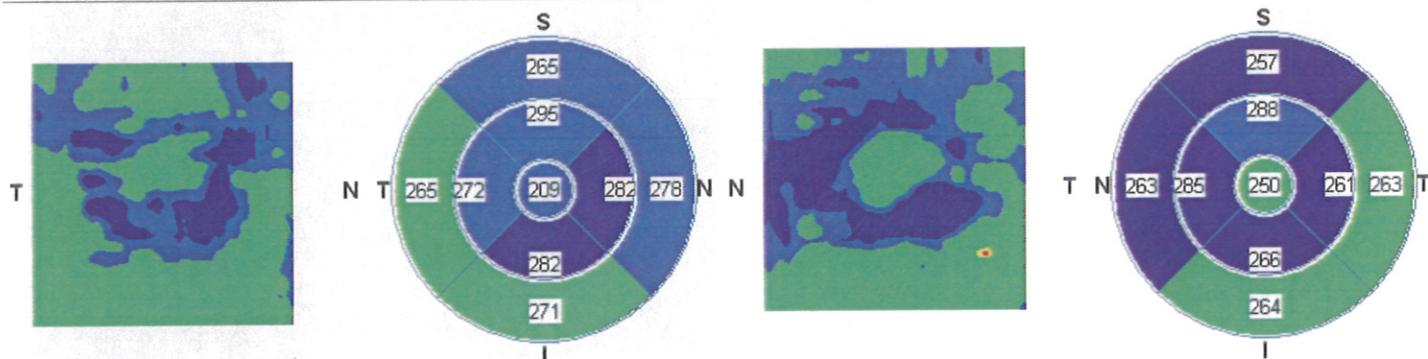
Gender: F  
 ID: 24024

Exam Date: 09/07/2019  
 DOB(age): 30/12/1973 (45)  
 Ethnicity: African Descendant  
 Algorithm Version: A6, 8, 0, 27



Exam Date: 09/07/2019, SSI= 71.7

Exam Date: 09/07/2019, SSI= 70.3



Significance from Normal Map

Significance from Normal Map

### Global RPE/Choroid Disruption

D>15um	
D>8um	
D	
D<8um	
D<15um	

OD

OS

10

9

p>99% Outside Normal
p>95% Borderline
p>5% Within Normal
p<5% Borderline
p<1% Outside Normal

Report Date: Tuesday July 09 14:46:04 2019

Software Version #6, 8, 0, 27

Comments:

Signature:

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# 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 <i>09/07/19</i>	R				PRESCRIPTION GIVEN			
	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
Dist	-0.50	+1.25	90		Plano	-1.75	90	
P.D.	Inter							
<i>62mm</i>	Read	+2.00			+2.00			

HEIGHTS	MONO		BLANK		TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION	GH¢	P
	Full rim Pink Acetate		
FRAME	PLP 29006 GNS 135	400.00	
LENSSES	Photo AIR 6H	350.00	
COATING			
SUNDRIES			

<i>James</i>	TOTAL	<i>¢750.00</i>
	VOUCHER	<i>ACE 07/19</i>
	BALANCE	
	DEPOSIT	
	BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			<i>16/7/19</i>

SYMPTOMS & HISTORY	OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY	SUBJECTIVE
6/12m	6/R -0.50 -1.25 x 98 = 6/9
6/18m	6/L Plano / -1.75 x 90 = 6/9 Binoc ADD
MUSCLE BALANCE	ACCOMMODATION
Auto	R L Rdg ADD 6/9 = N
R -0.25 / -1.50 x 98	Add +2.00 D $\rightarrow$ 3.2 RETEST DATE

L Plano / -1.75 x 100