

SURNAMES (Block Letters)

Kwame

FIRST NAMES

Afenyi

Sex

male

PHONE NUMBER.....

054 735 9783

ADDRESS OR RESIDENTIAL.....

2/BLK/ 27 8^B Mankessim

OCCUPATION

Fisherman

MARITAL STATUS

MARRIED

✓

DIVORCED

SINGLE

OTHER

DATE OF BIRTH

AGE

21/06/1960

60

PLACE OF BIRTH

Immura

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY

Ghanian

RELIGION

Muslim

DATE OF FIRST ATTENDANCE

21 11/06/19

NEXT OF KIN

Valentina Ensi

ADDRESS OR PHONE No. OF NEXT OF KIN

02444 26039

21/11/19



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Kwame Afenyi

CARD NUMBER: 24036

DATE: 11/7/19

Ch: Cant see well in BG (R.E > L.E), Haloes around
lghs x 6/12, itching⁺, tearing⁺, G/ass⁻,
pmhx: DM⁺, HPT⁻, drugtx: Tabs for DM-

Vn: CF @ 1m, var,

PA: R/L

MCJ

20 23

Seen

FBS has always been high.

6/60ug

PA: 6/36

dilate w!
→

o/e:

Quiesc

clear cornea

deep AC

R/R pupil

PSC⁺⁺, NZ⁺

len NZ⁺ w⁺

con 0.4

faint view

halos dot/bleb + haemorrhage
HE⁺

up: ① moderate NPOR

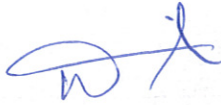
② bil cataracts

Pl - Bil of E + rec in (R/L)

2. Bil IVA

3. Me-op lab

4. OCT - macula.



INTER- STAR EYE CLINIC AND LASER CENTRE

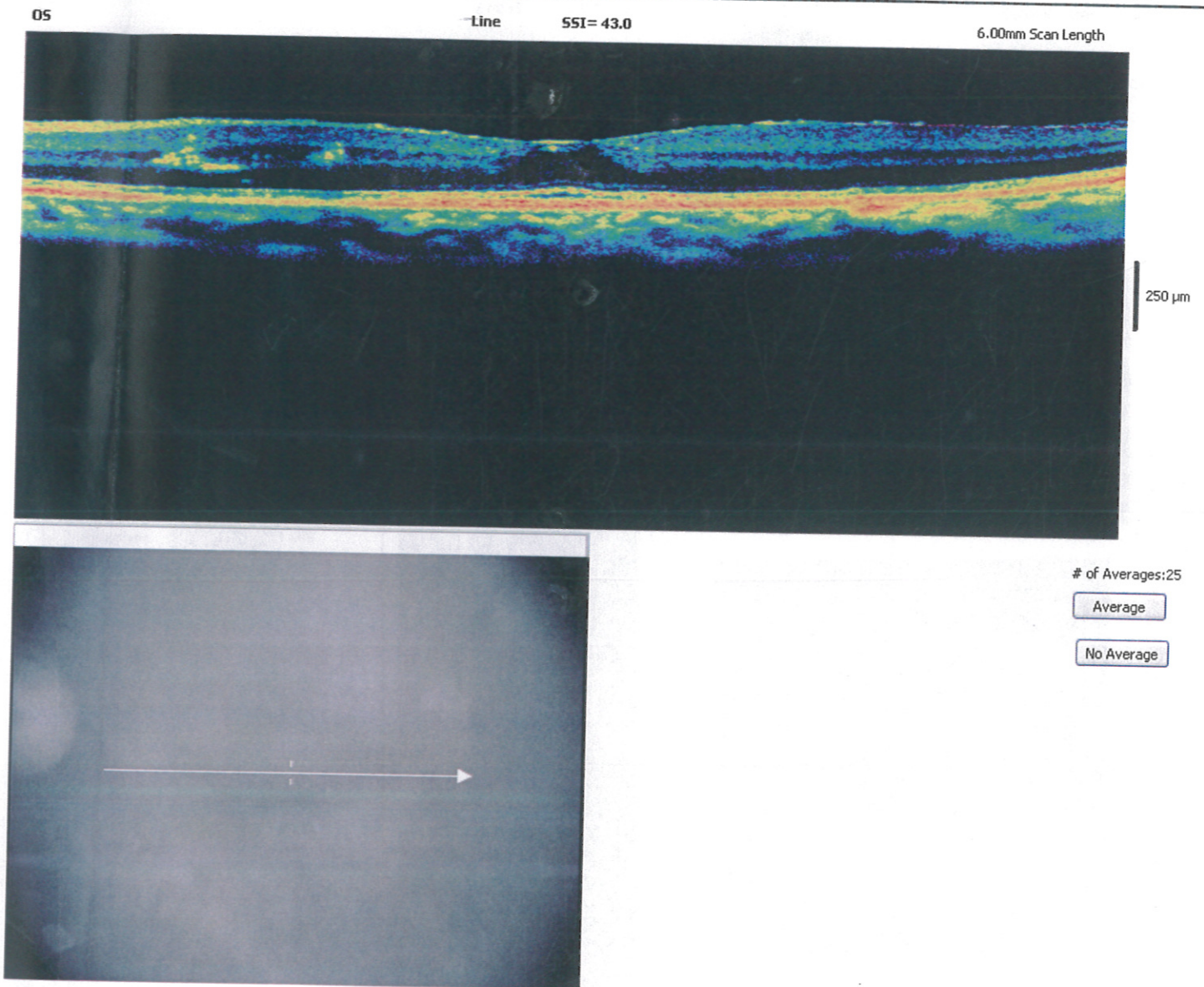
OSU ACCRA . 233277755354

OS

Patient: AFENYI, KWAME
Physician: CEESAY, W.DR
Operator: DONKOR, GODWIN K.E.
Disease:

Gender: M
ID: 24036

Exam Date: 11/07/2019
DOB (age): 21/06/1960 (59)
Ethnicity: African Descendant
Algorithm Version: A6, 8, 0, 27



Diagnosis:

Report Date: Thursday July 11 12:32:57 2019

Report Date: Thursday July 11 12:33:01 2019

Software Version #6, 8, 0, 27

Comments:

Signature:

Defining the OCT Revolution

optovue

INTER-STAR EYE CLINIC AND LASER CENTRE

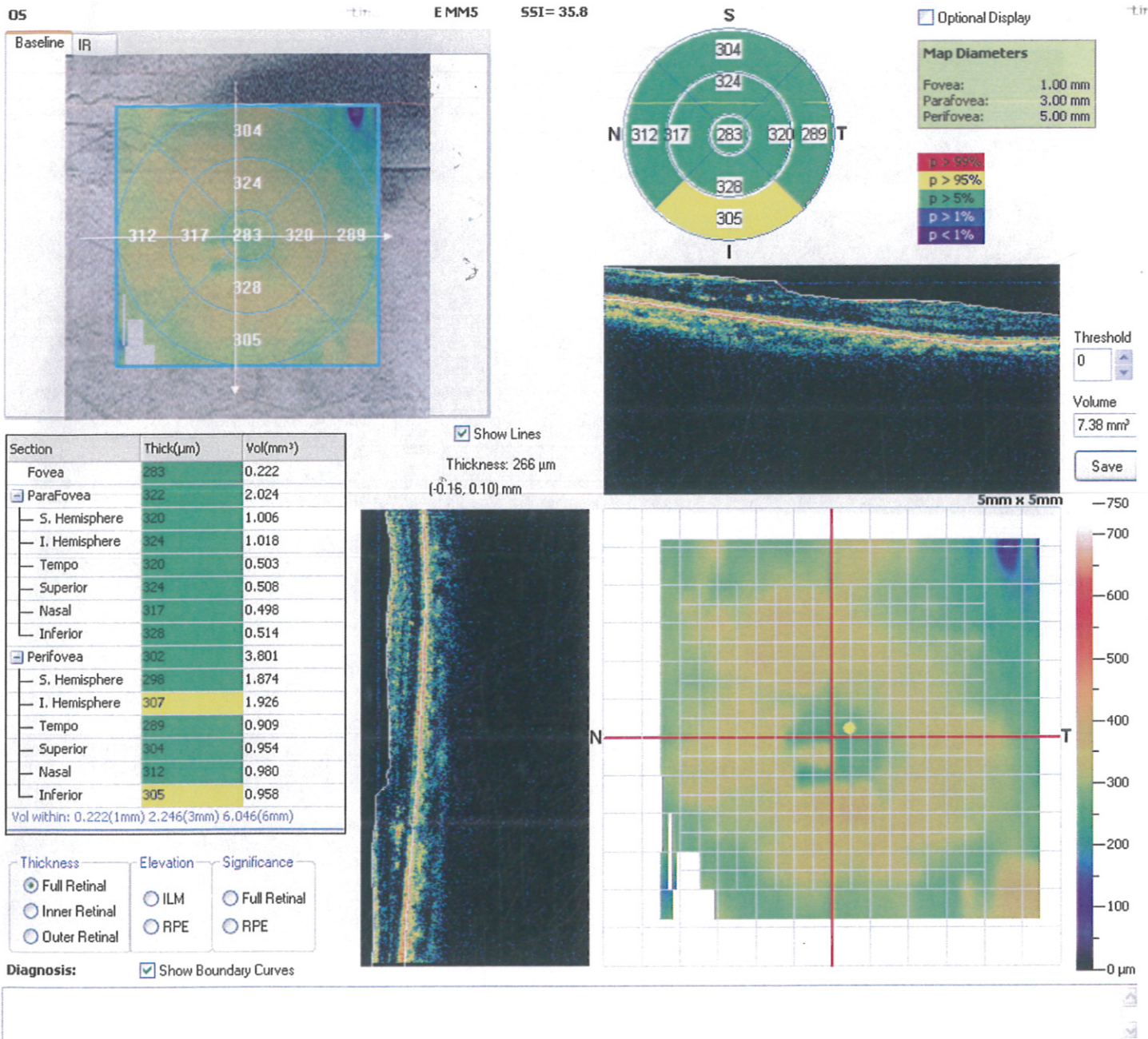
OSU ACCRA . 23327755354

OS

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Report Date: Thursday July 11 12:33:03 2019

Report Date: Thursday July 11 12:33:16 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	R PRESCRIPTION GIVEN							
	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
11.07.19	Dist							
P.D.	Inter							
	Read							

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES

FRAME	DESCRIPTION	GH¢	P
LENSES			
COATING			
SUNDRIES			

PLEASE TICK

CASH ☐

CHEQUE ☐

CREDIT CARD ☐

TOTAL

VOUCHER

BALANCE

DEPOSIT

BALANCE

DISPENSED BY

CHECKED BY

RECEIVED BY

DATE

SYMPTOMS & HISTORY

OCCUPATION
HUBBIES

EXTERNAL EXAMINATION OPHTHALMOSCOPY

FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY

SUBJECTIVE

ACCOMMODATION

CF 0.1m

6/R : M. 1 (P. 19. 20) = 6/cf 4^R

L

6/60m

6/L : -4.50/-2.50 x 90 = 6/12^R

Rdg ADD

74/2

Binoc ADD

= N

MUSCLE BALANCE

Auto

R Error

RETEST DATE

L -5.50/-2.25 x 91