

SURNAMES (Block Letters)  
NEEQAYE

FIRST NAMES  
LOVING

Sex  
M

PHONE NUMBER.....0207709365

ADDRESS OR RESIDENTIAL.....MAMPROBI

OCCUPATION  
RETIRED

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH  
1/06/1945

AGE  
74

PLACE OF BIRTH  
ASENE

ANY ALLEGIC REACTION  
TO MEDICINE  
N/A

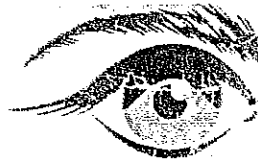
NATIONALITY  
GHANAIAN

RELIGION  
CHRISTIAN

DATE OF FIRST ATTENDANCE  
9/07/19

NEXT OF KIN  
SANDRA

ADDRESS OR PHONE No. OF NEXT OF KIN  
0207109365/0547188044



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Loving Neeguaye

CARD NUMBER: 24026

DATE: 9/7/19

CL: progressive poor vision in BE (RE > LE) for > 1 year.  
 Trauma  $\phi$ , DM  $\phi$ , HPT + (on tabs)  
 Diagnosed of glaucoma 1 year ago - <sup>was</sup> using 2 unknown drops  
 V<sub>R</sub>: NPL

V<sub>L</sub>: ~~6/24~~ 6/18 pt  
 6/24 ua

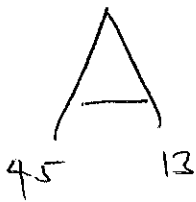
Seen

of E

not on any eye drops for  $\approx 2 \frac{1}{2}$  yrs  
 Quiet

CM-T

clear cornea  
 epithelial oedema  
 deep AC



mid-dilated pupil  
 fixed, unreactive  
 rubens' iris  
 echopia uvea

Wk  
 unreactive

dilate LE!

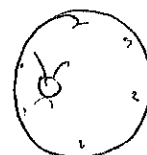
dense lens  
 cataract

in view folds

plc. OCT - glaucoma

2.

NCT



Waxy pale disc  
 attenuated vessels  
 bone-spicule pigments  
 (peripherally)

wp: RE NVG  
LE RP

- PL:
1. full ambigram 12ely
  2. full FMC - new 6ely
  3. full ne fish tears 6ely
  4. full urince i dly  $\times 4/52$
  5. see  $4/52$  (KIU WOP)

LE

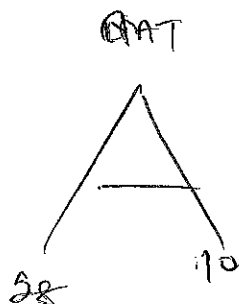
06-08-19  $\Sigma$ : for review. STM on drops

$\sqrt{R}$ : NPL

$\sqrt{L}$ :  $6/24$  ne  $4/24$  pt

Sem  
o/e

Qmit



NVG

n/a print

- PL:
1. full ambigram 12ely
  2. full FMC - new 12ely
  3. full ne fish tears 6ely
  4. full urince i dly  $\times 3/12$
  5. see  $2/12$

LE



# 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	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism			
09-08-19	Dist	Plan 2				Plan 2						
P.D. 65 mm	Inter											
	Read	+3.00				+3.00						

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES			
	COATING			
	SUNDRIES			

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	
	VOUCHER	
	BALANCE	
	DEPOSIT	
	BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE

SYMPTOMS & HISTORY	OCCUPATION HOBBIES
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EXTERNAL EXAMINATION OPHTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.
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OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
NP2 6/24 m	6/R 6/L - 3.00 / - 1.50 x 70 (NI) Binoc ADD	R L Rdg ADD 6/24p = N

MUSCLE BALANCE	RETEST DATE
Auto R Error	Add +3.00 → 3.7

L - 4.00 / - 2.25 x 71