

SURNAMES (Block Letters)

GYAMFI-AIDOO

FIRST NAMES

JACOB

Sex

M

PHONE NUMBER.....

0201751625/0556419791

ADDRESS OR RESIDENTIAL.....

75B, 2ND AVENUE, GREDAS ST.
T/NUNGUA, ACCRA

OCCUPATION

SELF-EMPLOYED

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

AGE

20/03/56

63

PLACE OF BIRTH

SADWUMASE

ANY ALLEGIC REACTION
TO MEDICINE

CALBRODINE

NATIONALITY

GHANAIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

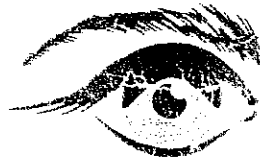
5/07/19

NEXT OF KIN

ADDRESS OR PHONE No. OF NEXT OF KIN

KWARANA AIDOO

0202013470



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Jacob Gyamfi-Aidoo

CARD NUMBER: 23997

DATE: 5/7/19

U: Blurred vision in RE 1 year. diagnosed of cataract in RE 2 year. Had cataract surgery in LE 4 years. See floaters in BE for > 5 years. Trauma & DM^{II}, HPT (+ on tabs). Not using eye drops.

R: 6/12 m 6/9 pm

L: 6/9 m 6/6 pm

seen
O/E

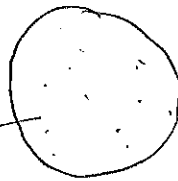
occasional painful red eye (RE)

Onset

NCT

A
13 16

fine Ks
marginal



cells
plate

for mm

lens PC in

dilate and
defer till next
visit

plan: 1. Start PML - new Bulb - RE
2. RE cataract + PC in

[Signature]

15-08-19 Σ ~~Refractive~~ Right eye is 'wet' for few days now + redness. using artificial tears.

V R: 6/9 w 4/9 pm

V L: 6/9 w 6/6 pm

Iop
12 10

Cornea

Arcus
senilis
dryness

Arcus
senilis
dryness

A/C

Normal
(Deep)

Normal
(Deep)

lens

cataract.
NS+sc

PC IOL

Macula

Normal

Normal

Retina

Normal

Normal

optic Disk

CP 3/10

3/10 Normal

Phm
R Tears
4/d BE

section after
3 months

Dr. Nashat.

23997



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

05-07-19

R

PRESCRIPTION GIVEN

	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
Dist	+0.75	-0.75	130		-0.50	-0.50	180	
Inter								
Read	+2.75				+2.75			

P.D.

665

66mm

HEIGHTS
R 23 L 23

MONO

R

L

BLANK

TECH SIG.
CHECKED

DISPENSING NOTES

full in ACORN 5118-145 - brown	DESCRIPTION	GHG P
FRAME	Not Sweaters	700.00
LENSES	Prog photo AIR	650.00
COATING		
SUNDRIES		

TOTAL

\$1350.00

VOUCHER

paid 20/8/19

BALANCE

750.00

DEPOSIT

600.00

BALANCE

paid 15/8/19

PLEASE TICK

CASH ☐

CHEQUE ☐

CREDIT CARD ☐

DISPENSED BY

CHECKED BY

RECEIVED BY

DATE

20/8/19

SYMPTOMS & HISTORY	OCCUPATION HUBBIES
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EXTERNAL EXAMINATION OPHTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.
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OPHTHALMOSCOPY 6/12 _{near} 6/9 _{near}	SUBJECTIVE 6/R - 0.75 / - 0.75 x 130 = 6/9 _R 6/L - 0.50 / - 0.50 x 180 = 6/5 _L Binoc ADD	ACCOMMODATION R L Rdg ADD 4/5 = N.
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MUSCLE BALANCE Auto R - 0.75 / - 1.00 x 130 L - 0.50 / - 0.75 x 28 9	Add +2.75 05-302 RETEST DATE
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