

SURNAMES (Block Letters)

AWULEY

FIRST NAMES

ESTHER

Sex

F

PHONE NUMBER.....0243874261

ADDRESS OR RESIDENTIAL.....D.10 JOGIS ESTATES, ADJIRIGANOR

OCCUPATION

TEACHER

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

AGE

30-08-1955

63

PLACE OF BIRTH

LARTEH

ANY ALLEGIC REACTION  
TO MEDICINE

NATIONALITY

GHANAIAN

RELIGION

CATHOLIC

DATE OF FIRST ATTENDANCE

23-07-19

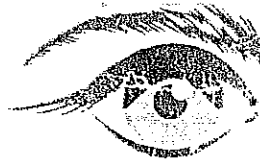
NEXT OF KIN

PATIENCE CIBLA OSEI

ADDRESS OR PHONE No. OF NEXT OF KIN

0243104845

Conf good. in  
paid 30/7/19.



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Esther Awuley

CARD NUMBER: 24112

DATE: 23/7/19

Li: Blurred vision in BE (LE > RE) for > 1 year E,  
Flashes in RE for 1/52 - dryness +. Trauma &  
DM & HPT & , not using drops.

V<sub>R</sub>: 6/36uc 6/9pt

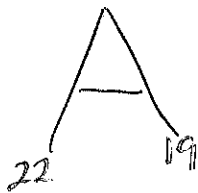
V<sub>L</sub>: CF@4muc 6/18pt

Sem

current plans.

o/e

NCT



dilate m!  
→

Quit

clear area

deep AC

up pupils  
(united)

no +

0.2 can 0.2

⊙ fundus

plan: 1. for bil cataraction (L & R)

2. full refills tears only - RE

3. full PML - new only - RE

2/08/19

MODEL: SA60AT 2/8/19 EXP DATE 2022-02-28  
POWER: 17.5D L.E UV  
LENGTH(ØT): 13.0mm  
OPTIC(ØB): 6.0mm  
Acrif SINGLE  
PIECE IOL  
Alcon Laboratories, Inc.  
SN 21188262 163

(2) Phaco + IOL

YSA

17.50D

3/08/19

(2)

Conzer - 8-regal Lase

AK- +2 cells

PSU

Plus

(1) Pres IOL

2/10/19

(2) Vigorax

and L5

(3) Heler and

L5

8/1/19

08/08/19

Ch: Blurry vision in the L.E x 2/7, still on the medication

Ch: 6/36u

PH: 6/9

6/6u

PH: 6/9

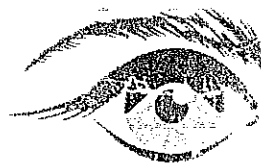
sem

of E

Slight hyperaemia

clear axes

clear AC



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: .....

CARD NUMBER: .....

DATE: .....

08/08/15

Pl. for possible sun washout tomorrow

Su 1/7

9/08/19

(L) AKE wash-out

USA

10/08/19

NL 6/9 wa PH: 6/6

(L) Colnea - Sup Lase

AKC - + 2 cells

PCPL

plan

(1) Pres Fata  
2wly

(2) Vigorox  
qwe  
to

(3) Acur  
qwe  
to

Su 1/52

17-19

% floater L LS

$V_L \frac{6}{36}$

$V_L \frac{6}{6} \text{ use}$

(R) nuclear extract

(L) AG - gels  
Cohen - chro

PCR

24/18

plus  
(1) pre-fate  
6x  $\frac{1}{52}$

(2) CT gel  
2x LS  
LS

fu  $\frac{2}{52}$



# 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: interstareyec clinic@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
23.07.19	Dist	-2.00	-0.75	90	-	4.50	-0.50	90
P.D. 66mm	Inter							
	Read	+2.50			+2.50			
HEIGHTS		MONO		BLANK		TECH SIG. CHECKED		
R	L	R	L					

## DISPENSING NOTES

### FRAME

### DESCRIPTION

GH¢ P

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 OPHTHALMOSCOPY

FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY

SUBJECTIVE

ACCOMMODATION

6/6gr

6/R - 2.00 / - 0.75 x 90 = 6/6

R L

7/12gr

6/L - 4.50 / - 0.50 x 90 = 6/9

Rdg ADD 2.5/6

Binoc ADD

= N

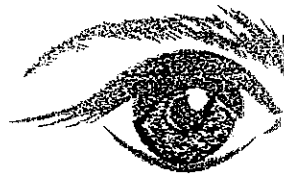
SCLE BALANCE

Add + 2.50

5 - 32  
RETEST DATE

R - 1.75 / - 1.00 x 84

L - 4.25 / - 0.75 x 90



# INTER-STAR EYE CLINIC & LASER CENTRE

## CONSENT FORM FOR ADULT/CHILDREN

NAME: ESTHER ANWLEY  
SEX: FEMALE  
D.O.B: 30/08/1955  
ID No: 24112

### OPERATION CONSENT BY PATIENT/RELATIVE

I, PATIENCE CIBIA OSEI

On behalf of ESTHER M. ANWLEY

Hereby consent to undergo the operation of LG- A/E washout

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 [Signature]

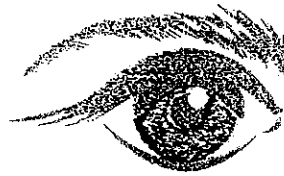
Date 9/08/2019

I, Dr Y. S ADAM have been this consent before surgery and explained the nature of the operation to patient/relative

Signature of Doctor: [Signature]

Date: 9/08/19





# INTER-STAR EYE CLINIC & LASER CENTRE

## CONSENT FORM FOR ADULT/CHILDREN

NAME: ESTHER M. AWULEY  
SEX: FEMALE  
D.O.B: 30-08-1955  
ID No: 24112

### OPERATION CONSENT BY PATIENT/RELATIVE

I, PATIENCE CIBIA OSEI

On behalf of ESTHER M. AWULEY

Hereby consent to undergo the operation of LASER CATARACT SURGERY

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 [Signature]

Date 2-08-2019

I, Dr Y. S. ADAM have been this consent before surgery and explained the nature of the operation to patient/relative

Signature of Doctor [Signature]

Date 02-08-19

Physician1:

ID:24112

Name:AWULEY ESTHER

BIO

B

PACHY

NIDEK ECHOSCAN

07/27/2018 10:54

Axial	ACD	R1 (D)	R2 (D)	Target
25.20	3.73	41.80	42.30	0.00

Formula

Formula/T

IOL1	PMMA-AU	IOL2	SA60AT	IOL3	PMMA-10
Aconst	118.5	Aconst	118.4	Aconst	118.4

Power : 17.10

Power : 17.00

Power : 17.00

IOL	Ref	IOL	Ref	IOL	Ref
15.5	1.09	15.5	1.03	15.5	1.03
16.0	0.75	16.0	0.69	16.0	0.69
16.5	0.41	16.5	0.35	16.5	0.35
17.0	0.07	17.0	0.00	17.0	0.00
17.5	-0.28	17.5	-0.35	17.5	-0.35
18.0	-0.63	18.0	-0.70	18.0	-0.70
18.5	-0.99	18.5	-1.06	18.5	-1.06

Selected IOL

No.

Model

IOL



OS/L

IOL

BIO  
6/IOL

Print

TO DO OD BIOMETRY

Patient: Awuley, Esther  
 ID: 021248  
 Tel: 0243 874261  
 Branch: Diagnostic Centre

Sex: F  
 Age: 63  
 DoB: 30/08/1955

Referred by: M.O.I.C MD  
 Tel: Inter-Star Eye Care Centre

Accession: 90012265

Collected: 29/07/2019 8:41 Received: 29/07/2019 11:15 Released: 29/07/2019 17:41 FINAL

TEST	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
<b>FULL BLOOD COUNT (Blood, EDTA)</b>				
WBC		8.59 H	10 <sup>9</sup> /l	3.17-8.40 AC
RBC	4.75		10 <sup>12</sup> /l	3.72-5.06 AC
HEMOGLOBIN	12.6		g/dL	11.0-14.7 AC
HEMATOCRIT	39.5		%	35.2-46.7 AC
MCV		83.2 L	fL	87.1-102.4 AC
MCH		26.5 L	pg	26.8-32.4 AC
MCHC	31.9		g/dL	29.6-32.5 AC
RDW-CV		16.5 H	%	12.2-15.0 AC
PLATELETS	206		10 <sup>9</sup> /L	167-390 AC
MPV		8.9 L	fL	9.2-12.1 AC
NEUTROPHILS #	5.00		10 <sup>9</sup> /L	1.50-5.00 AC
LYMPHOCYTES #	2.80		10 <sup>9</sup> /L	1.05-2.87 AC
MONOCYTES #		0.65 H	10 <sup>9</sup> /L	0.22-0.63 AC
EOSINOPHILS #	0.11		10 <sup>9</sup> /L	0.03-0.27 AC
BASOPHILS #	0.03		10 <sup>9</sup> /L	0.02-0.07 AC
NEUTROPHILS %	58.2		%	39.7-71.2 AC
LYMPHOCYTES %	32.6		%	21.9-50.3 AC
MONOCYTES %	7.6		%	4.2-9.6 AC
EOSINOPHILS %	1.3		%	0.6-4.9 AC
BASOPHILS %	0.3		%	0.2-1.4 AC
<b>DIABETES SCREEN (Plasma/Blood)</b>				
GLUCOSE, FASTING	5.5		mmol/L	4.1-5.9 AC

Electronically signed off by: Leonard Kakuunaa

AC: Accra, 17 Ridge Road, Roman Ridge, PMB 31, KANDA, Accra, Accra 0302769680