

SURNAMES (Block Letters)

KUEVI

FIRST NAMES

TEKO

Sex

M

PHONE NUMBER.....028 66 67 131.....

ADDRESS OR RESIDENTIAL.....MANHIA.....

OCCUPATION

National Service

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

X



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Teko Kuevi

CARD NUMBER: 24018

DATE: 8/7/19

OK. To see Dr. Brinkman, planning for re-ops  
sequel.

PHOTO. SET, you Dr. Brinkman, OK

✓ In: patient is not cooperating, wants  
to see Dr. Brinkman.

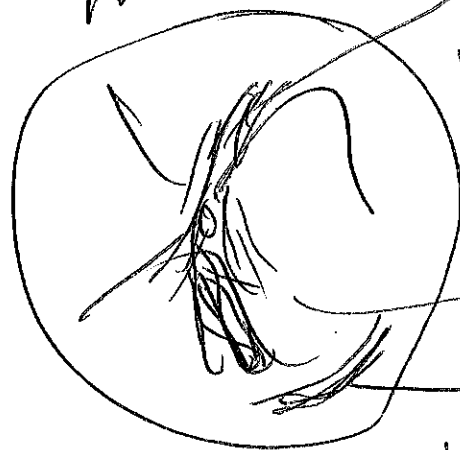
NCT  
19 16

VR-6/12

VL-CE 2mm.

Anterior seg-quiet

✓ Ins:



Sept  
brunoi

Pro-  
vmeus

hemorrhage

ph: needs. (L) Prov, IUP, ce. 400

Dr. Brinkman

9/7/19

① 23e mry, 11mwp, 500dltA

Plan: ① LIE prone

② Tag - proustan forte

③ See tomorrow at 2pm

Dr. Bruma

10.07.19

2 1st Day Post-op

V<sub>L</sub>: HM<sub>u</sub> NI<sub>pt</sub>

A<sub>18</sub>

· Air bubble in vitreous cavity.  
· retina attached.

Plan: alt. proustan 4hly LE  
alt. atrean Q10 LE

See 2/52 → 12/52

Dr. Bruma



# INTER-STAR EYE CLINIC & LASER CENTRE

## CONSENT FORM FOR ADULT/CHILDREN

NAME: TEKO KUENI

SEX: M

D.O.B: 20/06/1988

ID No: 24018

### OPERATION CONSENT BY PATIENT/RELATIVE

I, TEKO KUENI

On behalf of .....

Hereby consent to undergo the operation of Left eye pars plana

The effect and nature of which has been explained to me Yikemom enunrenodg

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 09/07/2019

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

Signature of Doctor: [Signature]

Date: 09/07/19

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
	6 / R	= 6 /	R                      L
	6 / L	= 6 /	Rdg ADD
	BInoc ADD		= N
MUSCLE BALANCE	Auto		RETEST DATE
R → +0.75 / -1.25 x 1 L → -0.50 / -2.00 x 165			