

SURNAMES (Block Letters)

AMANQUANOR

FIRST NAMES

LAWSON

Sex

M

PHONE NUMBER.....

0244529919, 0543810447
0545315557

ADDRESS OR RESIDENTIAL.....

TSE #e GF 821 GOMOA
FETTEH - ~~NEAR CENTRAL REGION~~

OCCUPATION

PENSIONER

MARITAL STATUS

MARRIED	DIVORCED	SINGLE	OTHER
<input checked="" type="checkbox"/>			

DATE OF BIRTH

12/05/56

AGE

63 yrs

PLACE OF BIRTH

GOMOA FETTEH

ANY ALLEGIC REACTION
TO MEDICINE

-

NATIONALITY

GHANAIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

09/07/2019

NEXT OF KIN

STEVEN AMANQUANOR

ADDRESS OR PHONE NO. OF NEXT OF KIN

0543810447, 0545315557.

STI (P) 9/7/19



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Amangunor Lawson

CARD NUMBER: 24022

DATE: 9/7/19

E: diagnosed w/ glaucoma for 2 years - poor vision in BE (LE > RE) for 5/12 - using aprast and Timolol DM⁺, HPT+ (on tabs)

R: 6/60ue 6/24- ph

L: NPL

AT < 22
48

RE



LE



Dilate RE



NS II



staphyloma
RAPD
NS IV cataract

NCT.

26

C:D - 0.8

FR - dull

Fundus very hazy view

Pt is from
central region
Review in 6 weeks

↳ To plan from
cataract 5x later

Adv

Travatan e/d (BE)

at night

Combigan e/d (BE)

2 times/day

20/08/19

Mr. For Review, mild itching in BE, Utrine
Travatan and Combigan)

Mr. 6/24 gl

NCT

1

25

(23)

~~Top~~

N { Corneal SW
AC seen

NST seen

little eye retina
changes

Ciliogenic chrysophanic acid

0.8 E/P

staphylococcus
above the cornea
not seen

Not clear

- Combigan ad BE

- Travatan ad BE

- See him after 3 days.

to retake Top.

Dr. Nasirat.

V_L: NPL

Top
18
23

BE

plan:

{ - Combigan ad.
- Travatan ad
- Rh-Tears ad
W/d

See him after 3 months.

INTER- STAR EYE CLINIC AND LASER CENTRE

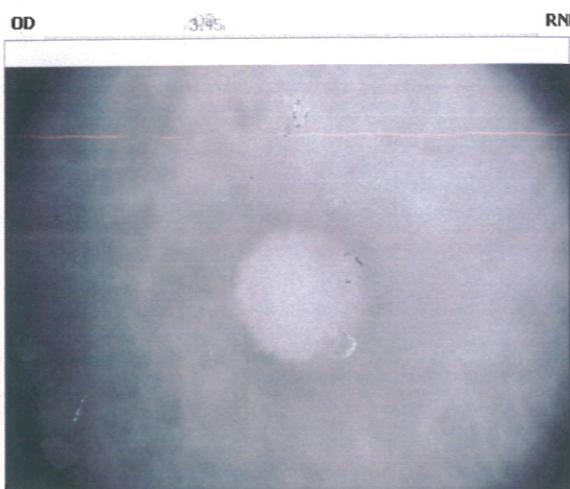
OSU ACCRA . 233277755354

OD

Patient: AMANQUANOR, LAWSON
 Physician: AARTI, DR.
 Operator: E., LOVERENCE
 Disease:

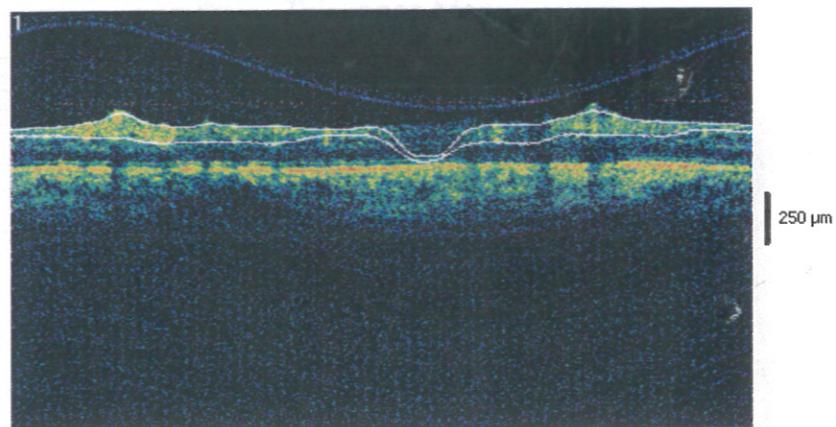
Gender: M
 ID: 24022

Exam Date: 09/07/2019
 DOB (age): 12/05/1956 (63)
 Ethnicity: African Descendant
 Algorithm Version: A6, 8, 0, 27

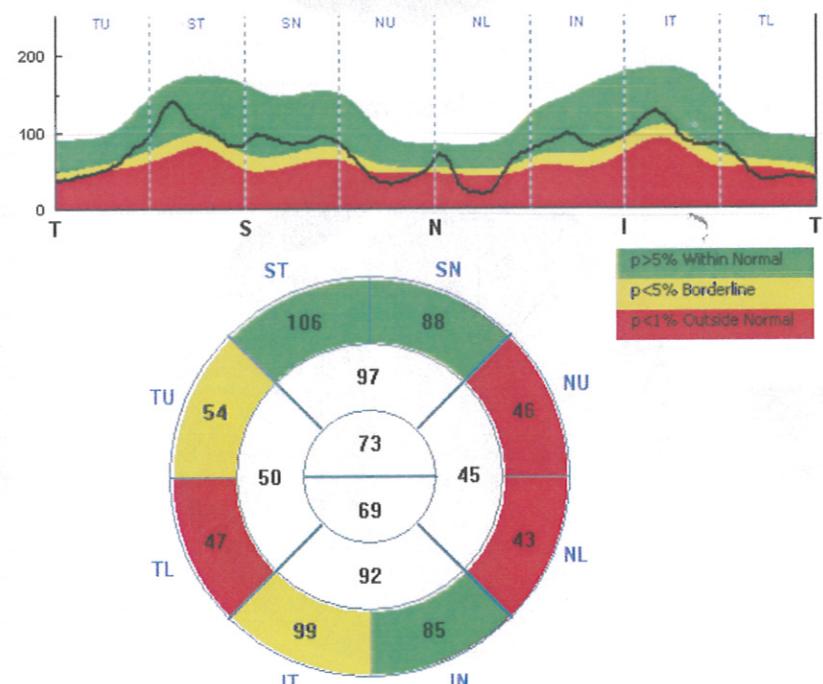


RNFL3.45 SSI= 32.2

3.45mm Scan Diameter



Section	Thickness (μm)
Std Dev Of RNFL =	5.06
Overall RNFL =	71
S. Hemisphere =	73
I. Hemisphere =	69
TEMPO	50
TL	47
TU	54
SUPERIOR	97
ST	106
SN	88
NASAL	45
NU	46
NL	43
INFERIOR	92
IN	85
IT	99



Diagnosis:

Report Date: Tuesday July 09 12:22:20 2019

Report Date: Tuesday July 09 12:22:31 2019

Software Version #6, 8, 0, 27

Comments:

Signature:

Defining the OCT Revolution

optovue

INTER- STAR EYE CLINIC AND LASER CENTRE

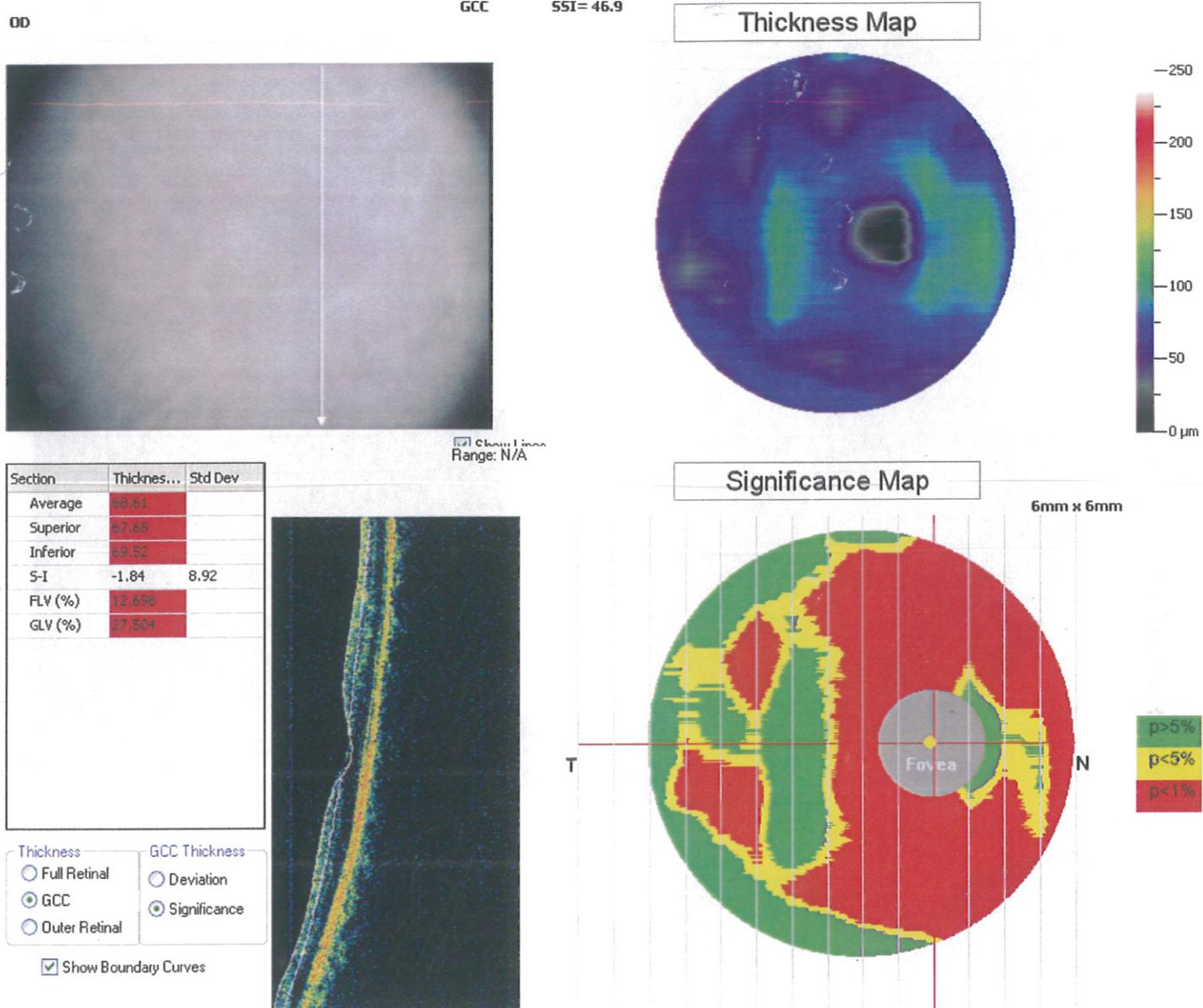
OSU ACCRA . 233277755354

OD

Patient: AMANQUANOR, LAWSON
 Physician: AARTI, DR.
 Operator: E., LOVERENCE
 Disease:

Gender: M
 ID: 24022

Exam Date: 09/07/2019
 DOB (age): 12/05/1956 (63)
 Ethnicity: African Descendant
 Algorithm Version: A6, 8, 0, 27



Report Date: Tuesday July 09 12:21:58 2019

Software Version #6, 8, 0, 27

Comments:

Signature:

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INTER- STAR EYE CLINIC AND LASER CENTRE

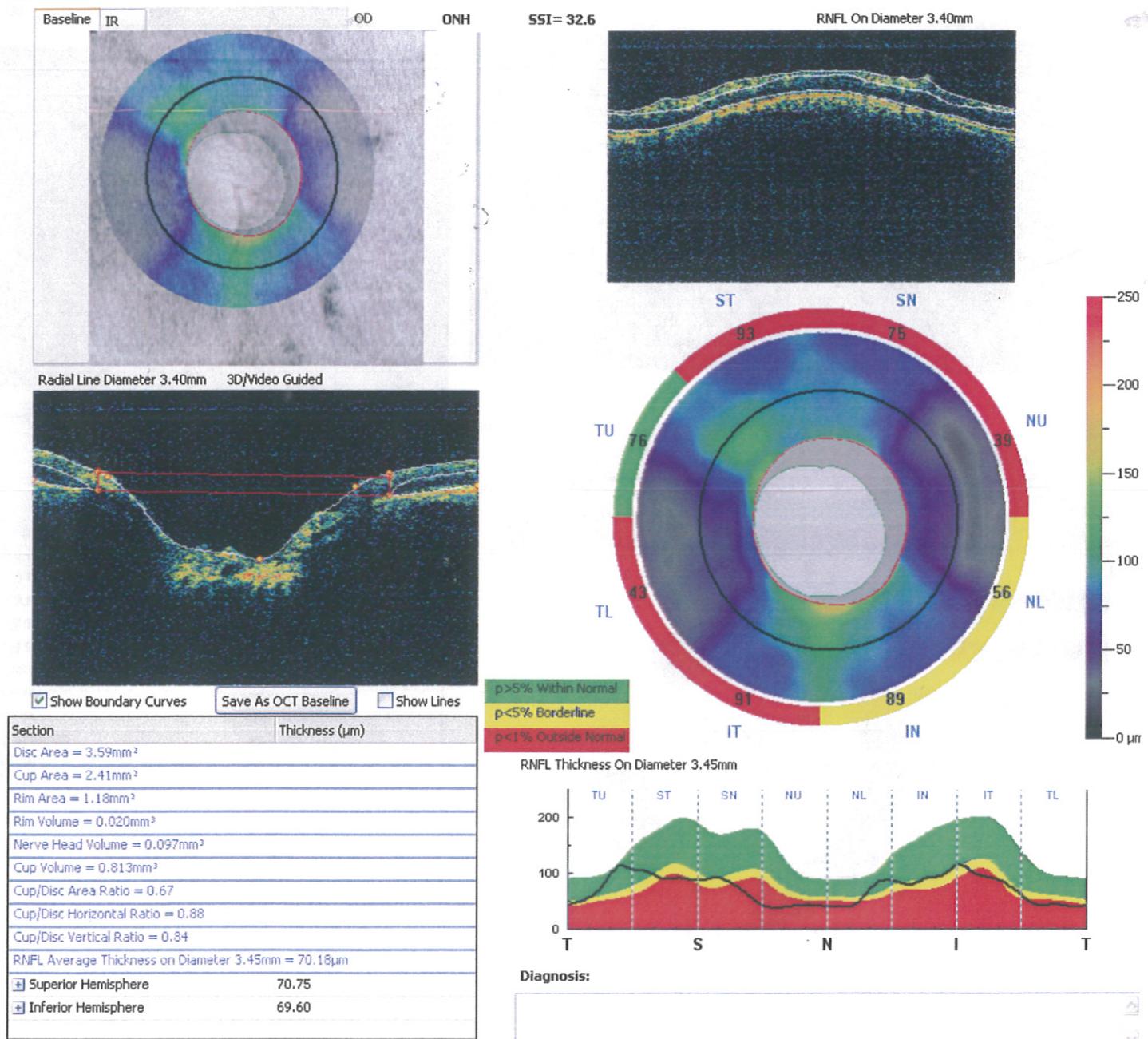
OSU ACCRA . 233277755354

OD

Patient: AMANQUANOR, LAWSON
 Physician: AARTI, DR.
 Operator: E., LOVERENCE
 Disease:

Gender: M
 ID: 24022

Exam Date: 09/07/2019
 DOB (age): 12/05/1956 (63)
 Ethnicity: African Descendant
 Algorithm Version: A6, 8, 0, 27



Report Date: Tuesday July 09 12:22:00 2019

Report Date: Tuesday July 09 12:22:11 2019

Software Version #6, 8, 0, 27

Comments:

Signature:

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optovue

24022



INTER-STAR EYE CLINIC & LASER CENTER

Loc: 10th Lane H/No. F76A/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
09-07-19	-75	-200	90	-100				
P.D.	Inter							
70mm	Read	+3.00			+1.00			

HEIGHTS	MONO		BLANK		TECH SIG. CHECKED	
	R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION		GH¢	P
		OWN			
Another Order 9/7/19 Lantos B1K Frame CSL7024 200	LENSES	PHOTO AIRsoft		350.00	
	COATING				
	SUNDRIES				

PLEASE TICK	CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>	TOTAL	\$350.00
				VOUCHER	
				BALANCE	
				DEPOSIT	
				BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE

SYMPTOMS & HISTORY		OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY <i>6/60 ge</i> <i>NPL</i>	SUBJECTIVE 6/R $-0.75/-2.00 \times 90 = 6/18^R$ 6/L BAL Binoc ADD	ACCOMMODATION $Rdg ADD \rightarrow 6/18^- = N$
MUSCLE BALANCE <i>Anup</i> <i>L - 1.00/-2.50 X 84</i>	$ADD + 3.00 D$	RETEST DATE

L Error