

Date: 19/10/2020				Pay Method: R		MRN: 156999		Age/Sex : 38/M		Doctor: DR. ABID HUSSAIN AFRIDI		
<b>Vital Signs:</b>				Temperature:		BP:		Pulse:		CHECK-UP : Trn. 02:17AM Check-In: 2:18AM Check-Out: 2:37AM		
<b>Chief Complaint:</b>				SEVERE PAIN EPIGASTRIUM, HEARTBURN, ANOREXIA, GASRIC FULLNESS, NAUSEA AND VOMITING, DYSPEPSIA,,								
<b>Significant Signs:</b>				CVS..... S1 S2 CNS..... INTACT RESP.....BIL.CLEAR GIT..... TENDER EPIGASTRIUM, VOMITING ORAL MEDICATION ORAL MEDICATION NOT EFFECTIVE,								
<b>Duration of Illness:</b>				1 DAY,		<b>LMP:</b>						
<b>Other Conditions:</b>				NIL,								
<b>Diagnosis:</b>				GASTRITIS CHOLECYSTITIS,								
<b>Management:</b>												
<b>ICD Princ. Code:</b>				K29.7		Gastritis, unspecified						
<b>ICD 2nd Code:</b>				R11		Nausea and vomiting						
<b>ICD 3rd Code:</b>						<input type="checkbox"/> Chronic		<input type="checkbox"/> Congenital		<input type="checkbox"/> RTA		
<b>ICD 4th Code:</b>						<input type="checkbox"/> Work Related		<input type="checkbox"/> Vaccination		<input checked="" type="checkbox"/> Check-Up		
						<input type="checkbox"/> Psychiatric		<input type="checkbox"/> Infertility		<input type="checkbox"/> Pregnancy		
						<input type="checkbox"/> Cleaning		<input type="checkbox"/> Sports Related		<input type="checkbox"/> Orthodontics		
<b>Trn. Type</b>				<b>Date</b>		<b>Code</b>		<b>Service Description + Dosage</b>				<b>Quantity</b>
<b>EMERGENCY</b>												
Requisition	19/10/2020	0387	I.V INJECTION									1
Transaction	19/10/2020	0387	I.V INJECTION									1
<b>PHARMACY</b>												
Requisition	19/10/2020	GEN02903	PANTOPRAZOLE SODIUM 40MG INJ 1 VIAL Intravenous STAT -									1
Requisition	19/10/2020	GEN02904	PANTOPRAZOLE SODIUM 40MG TAB 1 TAB X BEFORE MEAL Oral Every 24 hours For Ten Days									1
Requisition	19/10/2020	GEN03406	WATER FOR INJ 1 AMP - - -									1
Transaction	19/10/2020	00002399	PROTON 40MG 14TAB									1