

Date: 01/10/2020		Pay Method: R		MRN: 732357		Age/Sex : 62/M		Doctor: DR. MOHAMMED AFZAL	
<b>Vital Signs:</b>		Temperature:		BP:		Pulse:		FOLLOW-UP :Trn. 12:15PM Check-In: 12:31PM Check-Out:	
<b>Chief Complaint:</b>		hypertension with atrial fibrillation with hx of palpitation							
<b>Significant Signs:</b>		bp 120/80, heart s1 s2 no aded sound chest clear,							
<b>Duration of Illness:</b>		LMP:							
<b>Other Conditions:</b>									
<b>Diagnosis:</b>		hypertension atrial fibrillation,							
<b>Management:</b>		cont same,							
<b>ICD Princ. Code:</b>									
<b>ICD 2nd Code:</b>		<input type="checkbox"/> Chronic <input type="checkbox"/> Congenital <input type="checkbox"/> RTA							
<b>ICD 3rd Code:</b>		<input type="checkbox"/> Work Related <input type="checkbox"/> Vaccination <input type="checkbox"/> Check-Up							
<b>ICD 4th Code:</b>		<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>CARDIOLOGY</b>									
Requisition	24/09/2020	0684	E.C.G						1
Transaction	24/09/2020	0684	E.C.G						1
<b>LABORATORY</b>									
Requisition	24/09/2020	1125	PROTHROMBIN TIME (PT) & INR						1
Transaction	24/09/2020	1125	PROTHROMBIN TIME (PT) & INR						1
<b>PHARMACY</b>									
Requisition	24/09/2020	GEN02959	PERINDOPRIL 5MG TAB ONE OD Oral Every 24 hours For 30 Days						1
Requisition	24/09/2020	GEN02313	FUROSEMIDE 40MG TAB ONER OD Oral Every 24 hours For 28 Days						1
Requisition	24/09/2020	GEN03198	SPIRONOLACTONE 25MG TAB ONE OD Oral Every 24 hours For 30 Days						1
Requisition	24/09/2020	GEN01819	CARVEDILOL 25MG TAB ONE OD Oral Every 24 hours For 28 Days						1
Requisition	24/09/2020	GEN01967	CLOPIDOGREL 75MG TAB ONE OD Oral Every 24 hours For 30 Days						1
Requisition	24/09/2020	GEN01510	ACETYL SALICYLIC ACID 100MG TAB ONE OD Oral Every 24 hours For 30 Days						1
Transaction	24/09/2020	00010306	AZERA 100MG 90TAB						1
Transaction	24/09/2020	00008146	PALETA 75MG 28TAB						1
Transaction	24/09/2020	00000071	ALDACTONE 25MG 20TAB						2
Transaction	24/09/2020	00002332	RIACAVILOL 25MG 30TAB						1
Transaction	24/09/2020	00009708	TENORYL 5MG 30TAB						1
Transaction	01/10/2020	00001581	LASIX 40MG 20TAB						2