

|                                     |            |           |                         |                  |            |
|-------------------------------------|------------|-----------|-------------------------|------------------|------------|
| <b>Vital Signs:</b> Temperature: 37 | BP: 140/90 | Pulse: 88 | CHECK-UP : Trn. 04:56PM | Check-In: 6:20PM | Check-Out: |
|-------------------------------------|------------|-----------|-------------------------|------------------|------------|

**Significant Signs:** S1 S2 NO ADDED SOUND  
CHEST CLEAR,

LMP:

**Diagnosis:** VARICOSE VEINS WITH PHLEBITIS.

**Management:** ADVISED ECG AS C/O BREATHLESSNESS AND CHEST PAIN ON EXERTION.

**ICD Princ. Code:** 183      Varicose veins of lower extremities

**ICD 2nd Code:**

☐ Chronic☐ Congenital☐ RTA

**ICD 3rd Code:**

☐ Work Related

☐ Vaccination

☐ Check-Up

**ICD 4th Code:**

☐ Psychiatric☐ Infertility☐ Pregnancy

| Trn. Type | Date | Code | Service Description + Dosage |
|-----------|------|------|------------------------------|
|-----------|------|------|------------------------------|

☐ Cleaning☐ Sports Related☐ Orthodontics

## CARDIOLOGY

Quantity

|             |            |      |       |   |
|-------------|------------|------|-------|---|
| Requisition | 18/10/2020 | 0684 | E.C.G | 1 |
|-------------|------------|------|-------|---|

|             |            |      |       |   |
|-------------|------------|------|-------|---|
| Transaction | 18/10/2020 | 0684 | E.C.G | 1 |
|-------------|------------|------|-------|---|

## PHARMACY

Quantity

|             |            |          |                               |   |   |
|-------------|------------|----------|-------------------------------|---|---|
| Requisition | 18/10/2020 | GEN01535 | AESCIN AMORPHOUS 20MG TAB ONE | BID Oral Every twelve hours For 30 Days | 1 |
|-------------|------------|----------|-------------------------------|---|---|

|             |            |          |  |   |   |
|-------------|------------|----------|--|---|---|
| Requisition | 18/10/2020 | GEN02114 | DIOSMIN + HESPERIDIN (FLAVONOID EXTRAXT) 500MG TAB ONE | BID Oral Every twelve hours For 30 Days | 1 |
|-------------|------------|----------|--|---|---|

|             |            |   |         |                             |   |
|-------------|------------|---|---------|-----------------------------|---|
| Requisition | 18/10/2020 | GEN01788 CALCIUM DOBESILATE MONOHYDRATE 500MG | CAP ONE | BID Oral Every twelve hours | 1 |
|-------------|------------|---|---------|-----------------------------|---|

|             |            |          |                       |   |
|-------------|------------|----------|-----------------------|---|
| Transaction | 18/10/2020 | 00002482 | REPARIL DRAGEES 40TAB | 2 |
|-------------|------------|----------|-----------------------|---|

|             |            |          |                    |   |
|-------------|------------|----------|--------------------|---|
| Transaction | 18/10/2020 | 00000635 | DAFLON 500MG 30TAB | 2 |
|-------------|------------|----------|--------------------|---|

|             |            |          |                     |   |
|-------------|------------|----------|---------------------|---|
| Transaction | 19/10/2020 | 00010607 | OYSTERCAL 500MG TAB | 1 |
|-------------|------------|----------|---------------------|---|