

Date: 19/10/2020		Pay Method: R		MRN: 43663		Age/Sex : 85/M		Doctor: DR. MOHAMMED AFZAL													
<b>Vital Signs:</b> Temperature: 37 BP: 150/100 Pulse: 88 CHECK-UP : Trn. 11:36AM Check-In: 11:46AM Check-Out:																					
<b>Chief Complaint:</b> HYPERTENSIVE c/o chest pain and breathlessness on exertion diabetic c/o breathlessness on exposure to flash with cough and irritation in throat and retrosternal area c/o pain epigastrium c/o headache,																					
<b>Significant Signs:</b> S1 S2 NO ADED SOUND CHEST CLEAR OAEDEMA FEET NOTED GIT TENDER IN EPIGASTRIC AREA,																					
<b>Duration of Illness:</b> CH, <b>LMP:</b>																					
<b>Other Conditions:</b>																					
<b>Diagnosis:</b> HYPERTENSION HYPERLIPIDAEMIA ANGINA ACUTE ON CHRONIC ALLERGIC ASTHMA GASTRITIS,																					
<b>Management:</b> ADVISED ECG AND ECHOCARDIOGRAPHY TO STUDY LV STATUS OF IHD AND LV FUNCTIONS PL APPROVE,																					
<b>ICD Princ. Code:</b> J45.0 Predominantly allergic asthma																					
<b>ICD 2nd Code:</b> I10 Essential (primary) hypertension																					
<b>ICD 3rd Code:</b> K29.6 Other gastritis																					
<b>ICD 4th Code:</b> I20 Angina pectoris																					
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<b>Trn. Type</b>	<b>Date</b>	<b>Code</b>	<b>Service Description + Dosage</b>																		
<b>CARDIOLOGY</b>																					
Requisition	19/10/2020	0684	E.C.G				Quantity 1														
Requisition	19/10/2020	0686	ECHO CARDIOGRAPHY				1														
Transaction	19/10/2020	0684	E.C.G				1														
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<b>PHARMACY</b>																					
Requisition	20/10/2020	GEN01593	AMLODIPINE+ VALSARTAN+ HYDROCHLOROTHIAZIDE 10/160/25MG TAB ONE OD Oral Every 24 hours For 30 Days				Quantity 1														
Requisition	20/10/2020	GEN01967	CLOPIDOGREL 75MG TAB ONE OD Oral Every 24 hours For 30 Days				1														
Requisition	20/10/2020	GEN02691	MECOBALAMIN 500MCG TAB ONE BID Oral Every twelve hours For 30 Days				1														
Requisition	20/10/2020	GEN03431	Budesonide 160mcg+Formoterol 4.5mg 2 PUFF BID Inhalation Every twelve hours For 30 Days				1														
Requisition	20/10/2020	GEN01656	ATORVASTATIN CALCIUM 20MG TAB ONE OD Oral Every 24 hours For 30 Days				1														
Requisition	20/10/2020	GEN02901	PANTOPRAZOLE 40MG TAB ONE OD Oral Every 24 hours For 30 Days				1														
Requisition	20/10/2020	GEN02784	MONTELUKAST SODIUM 10MG TAB ONE OD Oral Every 24 hours For 30 Days				1														
Transaction	20/10/2020	00005925	EXFORGE-HCT 10/160/25MG 28TAB				1														
Transaction	20/10/2020	00008146	PALETA 75MG 28TAB				1														
Transaction	20/10/2020	00002664	METHYCOBAL 500MCG 30TAB				2														
Transaction	20/10/2020	00002877	SYMBICORT 160MCG Turbuhaler				1														
Transaction	20/10/2020	00005098	TOVAST 20MG 30TAB				1														
Transaction	20/10/2020	00009551	RIAPANTA 40MG 30TAB				1														
Transaction	20/10/2020	00007616	MONTEL 10MG 28TAB				1														