

Date: 19/10/2020    Pay Method: R    MRN: 629303    Age/Sex : 60/F    Doctor: DR. MOHAMMED AFZAL			
<b>Vital Signs:</b> Temperature:    BP:    Pulse:    CHECK-UP : Trn. 07:32PM    Check-In: 8:00PM    Check-Out:			
<b>Chief Complaint:</b> HYPERTENSIVE DIABETIC C/O BREATHLESSNESS ON EXERTION USING FORMET 750 NEUROBION CO DIOVAN 80/12. 5 EUTHYROXIN 50 AND 25 MODEXA TOVAST C/O NECK PAIN FROM ASAR TILL MORNING [CERVICAL PROLEM] C/O PAIN EPIGASTRIUM,			
<b>Significant Signs:</b> S1 S2 NO ADED SOUND CHEST CLEAR			
<b>Duration of Illness:</b>		<b>LMP:</b>	
<b>Other Conditions:</b>			
<b>Diagnosis:</b> HYPERTENSION D MELLITIS ANGINA LVF,			
<b>Management:</b> RBS CREATININ CHOLESTROL AS HYPERTENSIVE HYPERLIPIDAEMIC AND C/O POLYUREA EARLY FATIGUE ECG AND ECHO AS C/O CHEST PAIN BREATHLESSNESS AND HAS OAEDEMA FEET,			
<b>ICD Princ. Code:</b>			
<b>ICD 2nd Code:</b>			
<b>ICD 3rd Code:</b>			
<b>ICD 4th Code:</b>			
<input type="checkbox"/> Chronic <input type="checkbox"/> Congenital <input type="checkbox"/> RTA <input type="checkbox"/> Work Related <input type="checkbox"/> Vaccination <input 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>CARDIOLOGY</b>			
Requisition	19/10/2020	0684	E.C.G
Requisition	19/10/2020	0686	ECHO CARDIOGRAPHY
Transaction	19/10/2020	0684	E.C.G
<b>LABORATORY</b>			
Requisition	19/10/2020	0129	RBS
Requisition	19/10/2020	0034	CHOLESTEROL
Requisition	19/10/2020	0017	CREATININE
Transaction	19/10/2020	0129	RBS
Transaction	19/10/2020	0034	CHOLESTEROL
Transaction	19/10/2020	0017	CREATININE