

Date: 01/10/2020   Pay Method:R   MRN: 770244   Age/Sex : 31/M   Doctor: DR. AZAZ PATEL									
<b>Vital Signs:</b> Temperature: 36.3   BP: 130/80   Pulse: 86   CHECK-UP : Trn. 10:19PM Check-In: 10:20PM Check-Out:									
<b>Chief Complaint:</b> RETROSTERNAL BURNING SENSATION REGURGITATION, FLATULENCE, LOWER BACK ACHE, SPASMODIC PAIN IN ABDOMEN INTERMITTENTLY,									
<b>Significant Signs:</b> TENDER EPIGASTRIUM SLR -VE ON BOTH SIDES BLOATED ABDOMEN,									
<b>Duration of Illness:</b> CHRONIC, <b>LMP:</b>									
<b>Other Conditions:</b>									
<b>Diagnosis:</b>									
<b>Management:</b>									
<b>ICD Princ. Code:</b> K29.7   Gastritis, unspecified									
<b>ICD 2nd Code:</b> K58   Irritable bowel syndrome									
<b>ICD 3rd Code:</b> M54.5   Low back pain									
<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 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>PHARMACY</b>									
Requisition	01/10/2020	GEN02879	OMEPRAZOLE 40MG CAP 1 CAP Oral Every twelve hours For 28 Days						1
Requisition	01/10/2020	GEN02687	MEBEVERINE HCL 135MG TAB 1 TAB Oral Every eight hours For Seven Days						1
Requisition	01/10/2020	GEN01905	CHLORAZOXAZONE 250MG + PARACETAMOL 300MG CAP 2 CAPS Oral Every eight hours For Five Days						1
Transaction	02/10/2020	00004884	NEXIUM 40MG 28TAB						3
Transaction	02/10/2020	00004145	MEVA 135MG 30TAB						1
Transaction	02/10/2020	00002467	RELAXON 250MG 30CAP						1