

|  |  |   |             |  |  |             |  |   |   |                        |          |   |
|--|--|---|-------------|--|--|-------------|--|---|---|------------------------|----------|---|
| Date: 12/10/2020   |  |   |             | Pay Method: R  |  | MRN: 700970 |  | Age/Sex : 26/F                                      |   | Doctor: DR. HEND AHMAD |          |   |
| <b>Vital Signs:</b> Temperature: 37  |  |   |             | BP: 120/80   |  | Pulse: 80   |  | CHECK-UP : Trn. 06:55PM Check-In: 7:13PM Check-Out: |   |                        |          |   |
| <b>Chief Complaint:</b> PAIN ALL OVER THE ABDOMEN,   |  |   |             |  |  |             |  |   |   |                        |          |   |
| <b>Significant Signs:</b> TENDER ABDOMEN,  |  |   |             |  |  |             |  |   |   |                        |          |   |
| <b>Duration of Illness:</b> 2MONTH,  |  |   |             | LMP: 17/2/1442,                                      |  |             |  |   |   |                        |          |   |
| <b>Other Conditions:</b> NULLIPARA SINCE 11MONTH<br>MEDICAL HISTORY FREE<br>SURGICAL HISTORY FREE, |  |   |             |  |  |             |  |   |   |                        |          |   |
| <b>Diagnosis:</b>  |  |   |             |  |  |             |  |   |   |                        |          |   |
| <b>Management:</b>   |  |   |             |  |  |             |  |   |   |                        |          |   |
| <b>ICD Princ. Code:</b>  |  | R10 Abdominal and pelvic pain   |             |  |  |             |  |   |   |                        |          |   |
| <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 checked="" type="checkbox"/> Check-Up |             |  |  |             |  |   |   |                        |          |   |
| <b>ICD 4th Code:</b>   |  | <input type="checkbox"/> Psychiatric <input type="checkbox"/> Infertility <input type="checkbox"/> Pregnancy            |             |  |  |             |  |   |   |                        |          |   |
| <b>Trn. Type</b>   |  | <b>Date</b>   | <b>Code</b> | <b>Service Description + Dosage</b>                  |  |             |  |   | <input type="checkbox"/> Cleaning <input type="checkbox"/> Sports Related <input type="checkbox"/> Orthodontics |                        |          |   |
| <b>PHARMACY</b>  |  |   |             |  |  |             |  |   |   |                        |          |   |
| Requisition  |  | 12/10/2020  | GEN01897    | CHARCOAL TAB 1TAB Oral Every 24 hours For Seven Days |  |             |  |   |   |                        | Quantity | 1 |
| Transaction  |  | 12/10/2020  | 00000844    | EUCARBON 30TAB                                       |  |             |  |   |   |                        | Quantity | 1 |
| <b>RADIOLOGY</b>   |  |   |             |  |  |             |  |   |   |                        |          |   |
| Requisition  |  | 12/10/2020  | 1445        | ABDOMEN & PELVIS ULTRASOUND                          |  |             |  |   |   |                        | Quantity | 1 |
| Transaction  |  | 12/10/2020  | 1445        | ABDOMEN & PELVIS ULTRASOUND                          |  |             |  |   |   |                        | Quantity | 1 |