

Date: 03/10/2020    Pay Method: R    MRN: 685734    Age/Sex : 8/F    Doctor: DR. HISHAM TAHA									
Vital Signs: Temperature:    BP:    Pulse:    CHECK-UP : Trn. 07:15PM    Check-In: 7:31PM    Check-Out:									
Chief Complaint: buccal swelling tooth no. I,									
Significant Signs:									
Duration of Illness: 1 week,    LMP:									
Other Conditions:									
Diagnosis: periapical abcess,									
Dental Mngmnt.:									
ICD Princ. Code: K04.7    Periapical abscess without sinus									
<div> <div>ICD 2nd Code:</div> <div>ICD 3rd Code:</div> <div>ICD 4th Code:</div> </div> <div> <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 </div>									
Trn. Type	Date	Code	Service Description + Dosage						
<b>DENTAL</b>									
Requisition	03/10/2020	0901	REMAINING ROOT PERMANENT TOOTH EXTRACTION	Quantity 1					
Transaction	03/10/2020	0901	REMAINING ROOT PERMANENT TOOTH EXTRACTION	1					
<b>DIGITAL PANORAMA</b>									
Requisition	03/10/2020	1451	PANORAMA X-RAY	Quantity 1					
Transaction	03/10/2020	1451	PANORAMA X-RAY	1					
<b>PHARMACY</b>									
Requisition	03/10/2020	GEN01830	CEFADROXIL 250MG SYP 5 ml Oral Every twelve hours For Six Days	Quantity 1					
Requisition	03/10/2020	GEN02475	IBUPROFEN 100MG/5ML SYP 5 ml Oral Every eight hours For Three Days	1					
Transaction	03/10/2020	00002590	ROXIL 250MG SYRUP	1					
Transaction	03/10/2020	00010234	NUROFEN 100mg/5ml 150ML Sy (Strawberry)	1					