

Date: 03/10/2020 Pay Method: R MRN: 713187 Age/Sex : 27/M Doctor: DR. HISHAM TAHA									
Vital Signs: Temperature: BP: Pulse: FOLLOW-UP :Trn. 07:20PM Check-In: 8:20PM Check-Out:									
Chief Complaint: tenderness on percussion tooth no. 21,									
Significant Signs:									
Duration of Illness: follow up, LMP:									
Other Conditions:									
Diagnosis: periapical abscess,									
Dental Mngmnt.: 26/09/2020,, klavox tab. 1gm, xefo tab , RCT tooth no. started, composite filling 4 surfaces gum treatment 4 quadrants scheduled,, scheduled 03/10,, 03/10,, pulp extirpated tooth no. 21, file 35 , length 22mm, dressing, temp. filling,, scheduled 08/10,, 08/10/2020,, file 40, dressing, temp. filling tooth no. 21,, 13/10,									
ICD Princ. Code: K04.7 Periapical abscess without sinus									
ICD 2nd Code: <input type="checkbox"/> Chronic <input type="checkbox"/> Congenital <input type="checkbox"/> RTA									
ICD 3rd Code: <input type="checkbox"/> Work Related <input type="checkbox"/> Vaccination <input type="checkbox"/> Check-Up									
ICD 4th Code: <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									
Trn. Type	Date	Code	Service Description + Dosage	Quantity					
DENTAL									
Requisition	26/09/2020	4685	GUM TREATMENT PER QUADRANT	4					
Requisition	26/09/2020	4688	ROOT CANAL (1 ROOT) INFECTED RCT	1					
Requisition	26/09/2020	4684	COMPOSITE FILLING 4 SURFACE OR MORE	1					
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Transaction	26/09/2020	4685	GUM TREATMENT PER QUADRANT	4					
Transaction	26/09/2020	4688	ROOT CANAL (1 ROOT) INFECTED RCT	1					
DIGITAL PANORAMA									
Requisition	26/09/2020	1451	PANORAMA X-RAY	1					
Transaction	26/09/2020	1451	PANORAMA X-RAY	1					
PHARMACY									
Requisition	26/09/2020	GEN01613	AMOXICILLIN+ CLAVULENIC ACID (875/125MG) 1GM TAB 1 tab Oral Every twelve hours For Five Days	1					
Requisition	26/09/2020	GEN02656	LORNOXICAM 8MG TAB 1 tab Oral Every eight hours For Three Days	1					
Requisition	03/10/2020	GEN01833	CEFADROXIL 500MG TAB 1 tab Oral Every twelve hours For Four Days	1					
Requisition	03/10/2020	GEN02656	LORNOXICAM 8MG TAB	1					
Requisition	03/10/2020	GEN02061	DICLOFENAC SODIUM 50MG TAB 1 tab Oral Every eight hours For Three Days	1					
Transaction	26/09/2020	00010547	OXIRA 8MG 20TAB	1					
Transaction	26/09/2020	00000201	AUGMENTIN 1GM 14TAB	1					
Transaction	03/10/2020	00003630	VOLTIC 50MG 20TAB	1					
Transaction	03/10/2020	00010623	CEFADRIL 500MG 12CAP	1					