

Date: 05/10/2020	Pay Method: R	MRN: 490662	Age/Sex : 38/M	Doctor: DR. ZAHOOR UL HASSAN
<b>Vital Signs:</b> Temperature: 38 BP: 120/80 Pulse: 88 CHECK-UP : Trn. 07:52PM Check-In: 8:52PM Check-Out:				
<b>Chief Complaint:</b> RHINORHEA +NASAL OBSTRUCTION+SORE THROAT+FEVER+BODYACHE+COUGH WITH SPUTUM,				
<b>Significant Signs:</b> NASAL MUCOSA RED &INFLAMED WITH MUCOPURULENT DISCHARGE+PHARYNX CONGESTED & RED,				
<b>Duration of Illness:</b> 15 DAYS, LMP:				
<b>Other Conditions:</b>				
<b>Diagnosis:</b>				
<b>Management:</b>				
<b>ICD Princ. Code:</b> J01 Acute sinusitis				
<b>ICD 2nd Code:</b> J02 Acute pharyngitis				
<b>ICD 3rd Code:</b> J20 Acute bronchitis				
<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>Quantity</b>
<b>PHARMACY</b>				
Requisition	05/10/2020	GEN01613	AMOXICILLIN+ CLAVULENIC ACID (875/125MG) 1GM TAB 1 TAB. Oral Every twelve hours For Seven Days	1
Requisition	05/10/2020	GEN02776	MOMETASONE FUROATE 0.05% NASAL SPRAY 1 PUFF Nasal Every twelve hours For 30 Days	1
Requisition	05/10/2020	GEN02926	PARACETAMOL 500MG TAB 1 TAB. Oral Every eight hours For Five Days	1
Requisition	05/10/2020	GEN01568	AMBROXOL 15MG/5ML SYP 5 ML Oral Every eight hours For Seven Days	1
Requisition	05/10/2020	GEN01945	CLARITHROMYCIN 500MG TAB 1 TAB Oral Every twelve hours For Seven Days	1
Transaction	06/10/2020	00000530	CLARITT 500MG 14TAB	1
Transaction	06/10/2020	00005199	TABUNEX N/SPRAY	1
Transaction	06/10/2020	00003305	PANADOL 500MG 24TAB (Blue)	1
Transaction	06/10/2020	00001865	MUCOSOLVAN FORTE SYRUP	1