

EMR : Monitoring Report 1

From Date: 01/09/2020 To Date: 30/09/2020 Doctor Code: 0745 MRN: 512020 Pay MethodR

Date: 02/09/2020				Pay Method:R		MRN: 512020		Age/Sex : 30/M		Doctor: DR. ZAHOOR UL HASSAN	
Vital Signs: Temperature:				BP:		Pulse:		CHECK-UP : Trn. 12:11PM Check-In: 12:14PM Check-Out:			
Chief Complaint: RHINORHEA +NASAL OBSTRUCTION+SORE THROAT+FEVER+BODYACHE+COUGH WITH SPUTUM,											
Significant Signs: NASAL MUCOSA RED &INFLAMED WITH MUCOPURULENT DISCHARGE+PHARYNX CONGESTED & RED,											
Duration of Illness: 15 DAYS,				LMP:							
Other Conditions:											
Diagnosis:											
Management:											
ICD Princ. Code:		J01		Acute sinusitis							
ICD 2nd Code:		J02		Acute pharyngitis							
ICD 3rd Code:		J20		Acute bronchitis							
ICD 4th Code:											
Trn. Type		Date		Code		Service Description + Dosage					
<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											
PHARMACY											Quantity
Requisition	02/09/2020	GEN02332	GEMIFLOXACIN MESYLATE 320MG TAB 1 TAB. Oral Every 24 hours For Five Days								1
Requisition	02/09/2020	GEN02776	MOMETASONE FUROATE 0.05% NASAL SPRAY 1 PUFF Nasal Every twelve hours For 30 Days								1
Requisition	02/09/2020	GEN01568	AMBROXOL 15MG/5ML SYP 5 ML Oral Every eight hours For Seven Days								1
Transaction	02/09/2020	00005183	FACTIVE 320MG 5TAB								1
Transaction	02/09/2020	00005199	TABUNEX N/SPRAY								1
Transaction	02/09/2020	00001865	MUCOSOLVAN FORTE SYRUP								1