

Date: 22/11/2020 Pay Method:R MRN: 445625 Age/Sex : 31/M Doctor: DR. HAYSAM ADEL MOHAMED
Vital Signs: Temperature: BP: Pulse: FOLLOW-UP :Trn. 10:03AM Check-In: 10:12AM Check-Out: 10:12AM

Chief Complaint: for follow up
 sever burning and numbness of foots not responding to usual treatment,

Significant Signs: chest , heart : clincially free,

Duration of Illness: chronic,

LMP:

Other Conditions: known to be DM, sever peripheral neuritis on regular treatment,

Diagnosis: sever peripheral neuritis,

Management: continue the same ttttttt,

ICD Princ. Code: E11 Type 2 diabetes mellitus

ICD 2nd Code:

☐ Chronic

☐ Congenital

☐ RTA

☐ Work Related

☐ Vaccination

☐ Check-Up

☐ Psychiatric

☐ Infertility

☐ Pregnancy

☐ Cleaning

☐ Sports Related

☐ Orthodontics

Trn. Type Date Code Service Description + Dosage

LABORATORY

Trn. Type	Date	Code	Service Description + Dosage	Quantity
Requisition	09/11/2020	5031	Glucose; quantitative, blood (except reagent strip)	1
Transaction	09/11/2020	5031	Glucose; quantitative, blood (except reagent strip)	1

PHARMACY

Trn. Type	Date	Code	Service Description + Dosage	Quantity
Requisition	09/11/2020	GEN03162	SITAGLIPTIN+ METFORMIN 50/850MG TAB 1 tab Oral Every twelve hours For 30 Days	1
Requisition	09/11/2020	GEN02691	MECOBALAMIN 500MCG TAB 1 tab Oral Every 24 hours For 30 Days	1
Requisition	09/11/2020	00010076	DELAXIN 30MG 30CAP 1 cap daily for 1 week then twice daily Oral Every 24 hours For 30 Days	1