

Date: 03/11/2020	Pay Method: R	MRN: 778811	Age/Sex : 57/F	Doctor: DR. HAYSAM ADEL MOHAMED
Vital Signs: Temperature: 37 BP: 180/100 Pulse: 80 CHECK-UP : Trn. 09:14PM Check-In: 9:14PM Check-Out: 9:31PM				
Chief Complaint: headache + dizziness tremors and numbness of arms weakness and easy fatigability palpitation				
Significant Signs: chest , heart : clinically free ECG shows sinus tachycardia,				
Duration of Illness: acute, LMP:				
Other Conditions: not known to be HTN , DM or cardiac before,				
Diagnosis: HTN urgenacy ? hyperuricemia Vs peripheral neuritis,				
Management: patient did not come back for tttttt,				
ICD Princ. Code: I10 Essential (primary) hypertension				
ICD 2nd Code: E78.5 Hyperlipidaemia, unspecified				
ICD 3rd Code: R00.2 Palpitations				
ICD 4th Code:				
<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				
Trn. Type	Date	Code	Service Description + Dosage	Quantity
CARDIOLOGY				
Requisition	07/11/2020	0686	ECHO CARDIOGRAPHY	1
EMERGENCY				
Requisition	03/11/2020	0378	E.C.G (A&E)	1
Transaction	03/11/2020	0378	E.C.G (A&E)	1
Transaction	03/11/2020	0387	I.V INJECTION	1
LABORATORY				
Requisition	03/11/2020	0034	CHOLESTEROL	1
Requisition	03/11/2020	0037	LDL	1
Requisition	03/11/2020	0129	RBS	1
Requisition	03/11/2020	0019	URIC ACID	1
Transaction	04/11/2020	0034	CHOLESTEROL	1
Transaction	04/11/2020	0037	LDL	1
Transaction	04/11/2020	0129	RBS	1
Transaction	04/11/2020	0019	URIC ACID	1
PHARMACY				
Requisition	07/11/2020	GEN01588	AMLODIPINE+ VALSARTAN 10/160MG TAB 1 tab Oral Every 24 hours For 30 Days	1
Requisition	07/11/2020	GEN01732	BISOPROLOL FUMARATE 2.5MG TAB 1 tab Oral Every 24 hours For 30 Days	1
Requisition	07/11/2020	GEN02722	METFORMIN HYDROCHLORIDE 750MG TAB 1 tab Oral Every 24 hours For 30 Days	1
Requisition	07/11/2020	GEN03106	ROSUVASTATIN 20MG TAB 1 tab Oral Every 24 hours For 30 Days	1
Transaction	07/11/2020	00006301	LOTEVAN 10/160MG TAB	1
Transaction	07/11/2020	00002767	SELECTA 2.5MG 30TAB	1
Transaction	07/11/2020	00010012	FORMIT-XR 750MG 30TAB	1
Transaction	07/11/2020	00007290	IVARIN 20MG 30TAB	1