

<b>Name</b>	REDISH		M
<b>UHID</b>	<b>Date of Birth</b>	<b>Nationality</b>	
DEMO-6	17-March-1978	Bahrain	
<b>Card Number</b>	<b>Network</b>		
1122ssd	ABU DHABI NATIONAL INSURANCE COMPANY PLATINUM/GOLD/SILVER		

Visit Date & Time 08-Jun-2023 12:00 am

**VITALS**

<b>BPD/BPS:</b>	120/80	<b>Pulse:</b>	78	<b>Resp.:</b>	22	<b>Height:</b>	168.00
<b>Weight:</b>	150.00	<b>Temp(c)</b>	36.00	<b>SPO2:</b>	99	<b>GRBS:</b>	124.00
<b>Remarks:</b>							

**Complaints**

fever
cdcz

**Symptoms**

fghfgh

**Patient Notes**

ferbfjfdskjk plz to the next week

**Narrative Diagnosis**

Priority	Diagnosis	ICD Code
Principal	Sylvatic yellow fever	A95.0

**Diagnosis**

Priority	Diagnosis	ICD Code
Principal	Sylvatic yellow fever	A95.0
Secondary	Kwashiorkor	E40

**Medical Assessment**

Plan & Care:

Advice And Goals

**Treatments**

Code	Service Name	Rate	Description	Qty	Total
88321	CONSULTATION AND REPORT ON REFERRED SLIDES	450.00		1	450.00
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)	55.00		1	55.00
10121	REMOVAL OF FOREIGN BODY; COMPLICATED	600.00		1	600.00

**Sub Total : 1,105.00**

**Medicines**

Medicine	Instruction
AUGMENTIN ES-600/(CLAVULANIC ACID : 42.9MG/5ML) (AMOXICILLIN : 600MG/5ML) POWDER FOR SUSPENSION	1 Tablets TWICE DAILY (2 TIMES PER DAY), After Food for 7 Days
PANADOL EXTRA WITH OPTIZORB/ (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) TABLETS	1 Tablets EVERY 8 HOURS (3 TIMES PER DAY), Before Food for 7 Days

**Physician's Name**

METY

**Physician's Signature****DHA License****Date**

08-June-2023

**Date**

08-June-2023