Patient details

Date	:	14-Jul-2024 / 10:15AM - 10:30AM
Doctor	:	Abdulrahman(Dental)
Reg # / Patient Name	:	39628 / PRASHANT SHANKAR HEGDE SHANKAR MAHABAL HEGDE
Mobile #	:	0554226218
Gender / DOB/Age	:	Male / 29-Oct-1972
Nationality	:	Indian
Insurance / Card#	:	NAS - EN CN GN / CC1C-RICC-DCDR-GDEA
EMID #	:	784-1972-4251290-9

Medical Record details

History of Present Illness(HPI)

Location : upper left side

Quality :

Severity : modrate

Duration : during biting

Timing : during biting

Context :

Modifying factors : none

Symptoms : pain during eating in the same area

Others : none

Vital Signs

Temperature : 36.5 **BPS** : 84 **BPD** : **Pulse** : 68 **Height** : 0 cm **Weight** : 58 kg

BMI : ∞ bpm **Respiratory** : 18 bpm **SpO2** : 96% **Hip** : cm **Waist** : cm

Head Circumference : cm

Urinalysis (Protein & Glucose) :

Notes : risk of fall

Dental History

	Yes	No
1. Are you under medical treatment now ?	○	◉
2. Have you ever been hospitalized for any surgical operation or serious illeness ?	○	◉
3. Are you taking any medications including non-prescription medications?	○	◉
If yes what medications are you taking ?		
4. Do you use tobacco ?	◉	○
5. Do your gums bleed while brushing or flossing?	◉	○
6. Are your teeth sensitive to hot or cold liquids / foods?	◉	○

7. Are your teeth sensitive to sweet or sour liquids / foods?	○	◉
8. Do you feel pain to any of your teeth ?	◉	○
9. Do you have any sores or jumps in or near your mouth ?	○	◉
10. Have you had any head, neck or jaw injuries ?	○	◉
10a). Clicking ?	○	◉
10b). Pain (joint, ear, side of face)	○	◉
10c). Difficulty in opening or closing	○	◉
10d). Difficulty in chewing ?	○	◉
11. Do you clench or grind your teeth ?	○	◉
12. Do you bite your lips or cheecks frequently ?	○	◉
13. Have you ever had any difficult extractions in the past ?	○	◉
14. Have you ever had prolonged bleeding following extractions ?	○	◉
15. Have you ever had instructions on the care of your gems ?	◉	○
16. Have you undergone any filling in the past ?	◉	○

Women Only

a. Are you under medical treatment now ?	○	○
b. Have you ever been hospitalized for any surgical operation or serious illeness ?	○	○
c. Are you taking any medications including non-prescription medications?	○	○

d. H/o of Amenorrhoea, if yes, specify duration/H/o of location ?

Date of Last Dental Exam 01/01/2000

Oral Exam

H/O Present Illness	:	
Pain	:	
Duration	:	
Medical History		
Infecious Disease	:	○ Yes ◉ No
Systemic Disease	:	○ Yes ◉ No
Past Medication	:	○ Yes ◉ No
Fall Risk	:	○ Yes ◉ No
Notes	:	
Extra Oral Examination	:	
Intra Oral Examination	:	
Oral Notes	:	

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
14-Jul-2024	Abdulrahman	K04.7	Periapical abscess without sinus	#15 #14

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	D0150	comprehensive oral evaluation - new or established patient	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
CEFIX / (CEFIXIME : 200 MG) CAPSULES (HARD GELATIN) CEFIXIME [200 MG] / CAPSULES (HARD GELATIN) (8S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
ALPHAMED CO. (AUH) LTD. / (*PANTOPRAZOLE (AS SODIUM) : 20 MG) ENTERIC COATED TABLETS *PANTOPRAZOLE (AS SODIUM) [20 MG] /	Take 1Tablets 2 Time(s) per Day For 7 Day(s)	7	14	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ENTERIC COATED TABLETS (15S, BLISTER PACK) / Tablets	before meal			

Progress Notes

Date	Notes	Visit Plan	Other Instructions	Made By	Date Recorded
14-Jul-2024	patient came complaining of pain in the upper lest side during eating clinical examination showed multilabel bridges and crowns in the mouth x ray showed poor RCT done to teeth #16 and #17 antibiotics and pantrazol prescribed to the patient follow up after 10 days	FOLLOW UP FOR RESTORATION OTHER CARIOUS TEETH FOLLOW UP AFTER 6 MONTHSFOR ROTUNE CHECK UP	ORAL HYGIENE INSTRUCTIONS ,HEALTHY DEIT , AND REGULAR 6 MONTHLY FOLLOW UPS. CARIES PREVENTION INSTRUCTIONS : - TWICE DAILY TOOTHBRUSHING PEREFERABLY WITH A FLUORIDE TOOTH PASTE - MODIFIED BASS TECHNIQUE OF TOOTH BRUSHING -SOFT / ULTRA SOFT TOOTHBRUSH WITH NON-ABRASIVE TOOTHPASTED -FLOSSING / INTERDENTAL TAPE BRUSHES DAILY -MOUTH WASH TWICE DAILY AFTER FLOSSING -SNACK SMART - LIMIT SUGARY SNAKS	Abdulrahman	14-Jul-2024 11:24:29

Doctor Signature & Stamp :