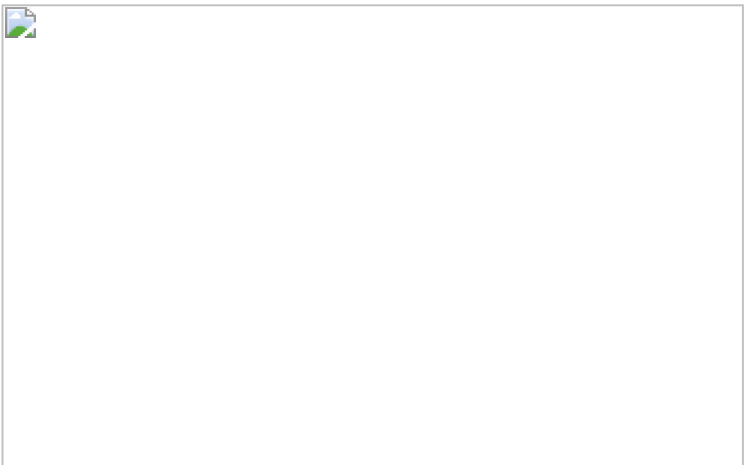




### Patient details

|                             |   |                                                |                                                                                    |                                                                                     |
|-----------------------------|---|------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>Date</b>                 | : | 07-Aug-2024 / 10:45AM - 11:00AM                |  |  |
| <b>Doctor</b>               | : | Humaira(General)                               |                                                                                    |                                                                                     |
| <b>Reg # / Patient Name</b> | : | 39263 / JOSE RAFAEL LOPERA EVANGELISTA         |                                                                                    |                                                                                     |
| <b>Mobile #</b>             | : | 0563597129                                     |                                                                                    |                                                                                     |
| <b>Gender / DOB/Age</b>     | : | Male / 19-Mar-1977                             |                                                                                    |                                                                                     |
| <b>Nationality</b>          | : | Philippine                                     |                                                                                    |                                                                                     |
| <b>Insurance / Card#</b>    | : | E CARE - Green Network / I017-029-116122138-02 |                                                                                    |                                                                                     |
| <b>EMID #</b>               | : | 784-1977-1653063-5                             |                                                                                    |                                                                                     |

### Medical Record details

#### Complaints

##### Complaints

known diabetic on medication refill the medicine co of dizzy and lethargy

oe chest is clear no added sounds

stable

#### Past / Family / Social History

**Past History** : Diabetes

**Other Past History** :

**Family History** :

**Social History - Smoking** : No

**Social History - Alcohol** : No

**Surgical History** :

#### Vital Signs

**Temperature** : 36.2      **BPS** : 96      **BPD** :      **Pulse** : 78      **Height** : 166 cm      **Weight** : 86 kg

**BMI** : 31.20917 bpm      **Respiratory** : 18 bpm      **SpO2** : 98%      **Hip** : cm      **Waist** : cm

**Head Circumference** : cm

**Urinalysis (Protein & Glucose)** :

**Notes** : RISK FOR FALL

Diagnosis

| Date        | Doctor  | ICD Code | Diagnosis                                   | Notes |
|-------------|---------|----------|---------------------------------------------|-------|
| 07-Aug-2024 | Humaira | R82.998  | Other abnormal findings in urine            |       |
| 07-Aug-2024 | Humaira | E11.65   | Type 2 diabetes mellitus with hyperglycemia |       |

Prescription

| Generic/Dose/Form                                                                                                                                     | Instructions                                         | Duration | Quantity | Refill |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------|----------|--------|
| JANUMET / (SITAGLIPTIN (AS PHOSPHATE) : 50 MG) (METFORMIN HCL : 1000 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (56S, BLISTER PACK) / Tablets | Take 1Tablets 1 Time(s) per Day For 60 Day(s) others | 60       | 60       |        |

Doctor Signature & Stamp :

