

Photo
Not
Available

Patient

43813

Harsh Dinesh Jaswani

784-1994-8694096-0

First Time

30

Male

Indian

U

NEXTCARE -OP PCP - ORIENT INSURANCE P.J.S.C - Default

Scheme (99999)

Medical History (patient_history.aspx?patId=53851)

Billing History (patient_accounts.aspx?patId=53851)

Appointment

Visit ID 50649

11-Aug-2024

Humaira - General - DHA-P-54155530

MRN Activities(Log)

Insurance Cards

EMID Card

Vitals Alert

This Patient has Vitals for Temp: 37°C, Pulse: 98bpm, BP: 106mmHg, Height: 181cm, Weight: 96kg, BMI 29.3(Obese), Blood Sugar

Start TimeNurse StationDoctor EvaluationOrthopedic Case Assessment ▼Diagnosis

Treatments/Procedures ▼PackagesPrescriptionReimbursement Forms ▼Documents

Progress NotesAddendumNEXTCARE FORMNEXTCARE CLAIM FORMNEXTCARE DENTAL FORM

Other FormsSick LeaveEnd TimeVisit Summary SheetNabidh Clinical DocsAudit Log

RadiologyLaboratoryHealth DeclarationSigned DocumentsImage Comparison

Even

Shift to R

Upper

Lower

Shift to L

Upper

Lower

CROSSBITE

None

Present:#

Enter Text

TRAUMA:

None

Yes(teeth Involved)

Enter Text

Diagnosis

Date	Doctor	ICD Code	Diagnosis
11-Aug-2024	Humaira	L08.9	Local infection of the skin and subcutaneous tissue, unsp
11-Aug-2024	Humaira	R50.9	Fever, unspecified

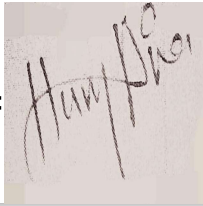
https://irhamc.visionsoftwares.ae/medical_records_new.aspx?appld=50649&app_type=First+Time&pat_emirateid=784-1994-8694096-0&pat_code=43...

1/2

Prescription

Generic/Dose/Form	Instructions	Durat
COLLOMAK / (POLIDOCANOL : 0.2 G) (LACTIC ACID : 0.5 G) (SALICYLIC ACID : 2 G) SOLUTION TOPICAL / SOLUTION (10ML, BOTTLE) / Solution	Take 1Solution 1Time(s) perDay For 1 Day(s) others	1
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG 500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5
MIRAZOL / (METRONIDAZOLE : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7
CEROXIM / (CEFUROXIME : 500 MG) TABLETS ORAL / TABLETS (10S, FOIL STRIP) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7

Doctor Signature & Stamp :




Print