

Photo  
Not  
Available

Patient 45043 VIGNESHKUMAR LAKSHMANAN LAKSHMANAN 784-1994-1297541-1  
 First Time 30 Male Indian U E CARE - Blue Network - DUBAI INSURANCE  
**COMPANY - Default Scheme (99999)** Medical History (patient\_history.aspx?patId=55080)  
 Billing History (patient\_accounts.aspx?patId=55080)

Appointment Visit ID **55335** 27-Nov-2024 Humaira - General - DHA-P-54155530   
 MRN Activities(Log) Insurance Cards EMID Card

**Vitals Alert** This Patient has Vitals for Temp: 37.3°C, Pulse: 82bpm, BP: 110mmHg, Height: 172cm, Weight: 58kg, BMI 19.61(Obese), Blood Sugar

Start Time    Nurse Station    Doctor Evaluation    Orthopedic Case Assessment ▼    Diagnosis  
Treatments/Procedures ▼    Packages    Prescription    Reimbursement Forms ▼    Documents  
Progress Notes    Addendum    ECARE CLAIM FORM    Other Forms    Sick Leave    End Time  
Visit Summary Sheet    Nabidh Clinical Docs    Audit Log    Radiology    Laboratory    Health Declaration  
Signed Documents    Image Comparison

ABFRACTION Enter Text

#### Additional Clinical Findings

Enter Text

#### STAINS

- ☐ No Stains
- ☐ Extrinsic
- ☐ Smoking ☐ Tea ☐ Coffee ☐ Food Colors
- ☐ Chromogenic Bacteria
- ☐ Intrinsic
- ☐ Flourosis ☐ Medication ☐ Trauma ☐ Aging
- ☐ Haemotological Disorder
- ☐ Pulpal Changes

#### Extra Oral Examination

## Extra Oral Examination

|                      |                                                                                                                                                                             |                                                                  |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Facial Symmetry      | <input type="checkbox"/> Symmetrical                                                                                                                                        | <input type="checkbox"/> Asymmetrical                            |
| Facial Profile       | <input type="checkbox"/> Straight                                                                                                                                           | <input type="checkbox"/> Convex <input type="checkbox"/> Concave |
| Lymphadenopathy      | <input type="checkbox"/> Negative                                                                                                                                           | <input type="checkbox"/> Positive                                |
| Breathing            | <input type="checkbox"/> Nose                                                                                                                                               | <input type="checkbox"/> Mouth <input type="checkbox"/> Both     |
| TMJ *                | <input type="checkbox"/> Normal                                                                                                                                             | <input type="checkbox"/> Clicking <input type="checkbox"/> Pain  |
| Mandibular           | <input type="checkbox"/> Normal                                                                                                                                             | <input type="checkbox"/> Deviation                               |
| ORAL HYGIENE         | <input type="checkbox"/> Good                                                                                                                                               | <input type="checkbox"/> Fair <input type="checkbox"/> Poor      |
| GROWTH & DEVELOPMENT | <input type="checkbox"/> Primary <input type="checkbox"/> Early Mixed <input type="checkbox"/> Mixed <input type="checkbox"/> Late Mixed <input type="checkbox"/> Permanent |                                                                  |
| ORAL HABITS          | Enter Text                                                                                                                                                                  |                                                                  |
| SOFT TISSUE LESIONS  | Enter Text                                                                                                                                                                  |                                                                  |
| ORAL NOTES           | Enter Text                                                                                                                                                                  |                                                                  |