Patient | 33539 | MARVIN MOLINA JOSE | 784-1978-0320284-1 | Repeat | 47
Male | Philippine | S | E CARE - Blue Network - UNION INSURANCE COMPANY - Default Scheme (99999)
Medical History (patient_history.aspx?patId=32354)
Billing History (patient_accounts.aspx?patId=32354)

Appointment | Visit ID 56911 | 11-Jan-2025 | SANDIA - Dermatology - DHA-P-65900212
MRN Activities(Log) | Insurance Cards | EMID Card

Vitals Alert This Patient has Vitals for Temp: 36°C, Pulse: 97bpm, BP: 155mmHg, Height: 165cm, Weight: 65kg, BMI 23.88(Obese), Blood Sugar

ry to fill Chief Complaints, Allergies, Vital Signs, Past & Family History, Pain Scale, Diagnosis, Procec

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

Patient's Tel No : 0524018876

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : pc : fainting and fall on ground 2 times today known hyprtensive not compliant to medictions bp elevated no other medical conditions no drug allergy **Duration:** *Enter Any Text*

Vitals: Temp : 36 Bp :155 Pulse :97 Resp :18

Clinical Findings: *Enter Any Text*

Diagnosis: I10 - Essential (primary) hypertension, **Date of Onset** : 11

Requested Investigations: 9, Consultation GP **Estimated Cost** : *Enter Any Text*

Prescriptions: 2150-575201-1171 - (CALCIUM : 400 MG) (VITAMIN D3 : 200 IU) (MAGNESIUM : 100 MG) (ZINC : 4 MG) TABLETS,6696-627102-1171 - (AMLODIPINE (AS BESYLATE : 10 MG (VALSARTAN : 160 MG TABLETS, **Estimated Cost** : *Enter*

MEDICAL PRACTITIONER DECLARATION :
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :
I hereby authorize any Heal
Employer or other organizat
regarding my medical condi
determining insurance bene

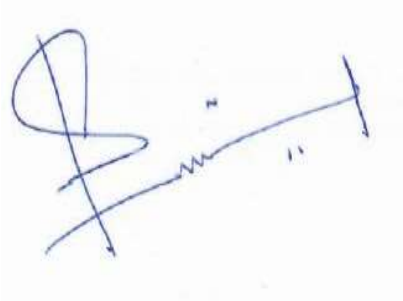
Dr's Name : SANDIA

Stamp :

Dr. Sandia Bhojwani
General Practitioner
DHA No: 65900212-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent : if minor}

Signature :



Date : 11-Jan-2025

Patient Signature | Save | Close | Print

Previous History