Patient 39365 TAIMOOR KHAN LODHI MUHAMMAD SHUJAAT KHAN 784-1997-3357882-9
Repeat 28 Male Pakistani S NEXTCARE -OP PCP - Islamic Arab Insurance Co. (P.S.C. - Default Scheme (99999)
Medical History (patient_history.aspx?patId=40390)
Billing History (patient_accounts.aspx?patId=40390)

Appointment Visit ID 59773 05-Mar-2025 Humaira - General - DHA-P-54155530
MRN Activities(Log) Insurance Cards EMID Card

Vitals Alert This Patient has Vitals for Temp: 36.4°C, Pulse: 81bpm, BP: 126mmHg, Height: 0cm, Weight: 84.5kg, BMI 0(Obese), Blood Sugar

ımaries(Visit Summary Sheet)..!!!

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

SUBJECTIVE ASSESSMENT

Symptom(s) as described by the patent (Chief Complaint):			Date of Symptoms/illness started	
Complaint patient came with high CRP. yeterday came with unilateral headache.			DD	MM
Past Medical Surgical History?	○ Yes	○ No	**Date of Symptoms/illness started**	
			DD	MM
Obs/Gyn Claims			**Date of Symptoms/illness started**	
			DD	MM
☐ Para ☐ Gravida: ☐ AB:	LMP:	Marital Status:	Marital Date:	

What date did the Patient first feel same / similar Symptom(s) : dd mm yyyy

Is the Patient under any type of Treatment? ○ Yes ○ No if yes, indicate what Assessment and since when:

OBJECTIVE / ASSESSMENT ***(To be completed by Physician)***

Clinical Findings :	Vital Signs : B/P :	T :	HR :

Assessment/Diagnosis : ○ Acute ○ Chronic ○ Confirmed ○ Suspected
INDICATE DIAGNOSIS NOT SYMPTOM

Type	Code	Diagnosis
Primary	A49.9	Bacterial infection, unspecified
Secondary	R05	Cough
Secondary	R09.81	Nasal congestion

ACCIDENT/OCCUPATIONAL Claim Informaton (complete if claim is a result of accident or work related illness/injury)		
Accident or illness due to work?	Injury due to road accident?	Describe how the accident or work related injury/illness c
○ Yes ○ No	○ Yes ○ No	
Date of accident or beginning of illness:		
MEDICAL PLAN Itemized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim		

CPT Code	Treatment
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
0125-122107-1021	DEXAMETHASONE SODIUM PHOSPHATE
0102-152902-1001	LACTATED RINGERS INJECTION USP