

Photo  
Not  
Available

Patient 43459 QUEENIE PATALINGHUG JUGALBOT 784-1989-7425162-5 Repeat   
35 Female Philippine U NEXTCARE -OP PCP - ORIENT INSURANCE P.J.S.C - Default  
Scheme (99999) Medical History (patient\_history.aspx?patId=53497)  
 Billing History (patient\_accounts.aspx?patId=53497)

Appointment Visit ID 52433 06-Sep-2024 MOHAMMED M HAMED - Gynaecology - DHA-P-  
75385955 MRN Activities(Log) Insurance Cards EMID Card

**Vitals Alert** This Patient has Vitals for Temp: 36.8°C, Pulse: 89bpm, BP: 96mmHg, Height: 153cm, Weight: 57kg, BMI 24.35(Obese), Blood Sugar

Start Time Nurse Station Doctor Evaluation Diagnosis Treatments/Procedures ▼ Packages  
Prescription Reimbursement Forms ▼ Documents OB/GYN Forms 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

|     |        |             |        |
|-----|--------|-------------|--------|
| 2.  | Select | Enter Tooth | Select |
| 3.  | Select | Enter Tooth | Select |
| 4.  | Select | Enter Tooth | Select |
| 5.  | Select | Enter Tooth | Select |
| 6.  | Select | Enter Tooth | Select |
| 7.  | Select | Enter Tooth | Select |
| 8.  | Select | Enter Tooth | Select |
| 9.  | Select | Enter Tooth | Select |
| 10. | Select | Enter Tooth | Select |

#### TOOTH MOBILITY

Enter Text

#### DEPOSITS

PLAQUES

☐ Absent

☐ Present

CALCULUS

☐ Absent

☐ Supragingival

☐ Subgingival

|                                 |                                                          |                                         |                                         |
|---------------------------------|----------------------------------------------------------|-----------------------------------------|-----------------------------------------|
| Supragingival Calculus          | <input type="radio"/> Absent                             | <input type="radio"/> Supragingival     | <input type="radio"/> Supragingival     |
| ORAL HYGEINE                    | <input type="radio"/> +                                  | <input type="radio"/> ++                | <input type="radio"/> +++               |
|                                 | <input type="radio"/> Good                               | <input type="radio"/> Fair              | <input type="radio"/> Poor              |
| PERCUSSION OF TEETH             | <input type="radio"/> Non Tender                         | <input type="radio"/> Tender            |                                         |
|                                 | <input type="text" value="Enter Text"/>                  | <input type="text" value="Enter Text"/> |                                         |
| VITALITY TEST                   | <input type="radio"/> Not Done                           | <input type="radio"/> Other             |                                         |
|                                 |                                                          | <input type="text" value="Enter Text"/> |                                         |
| COLD TEST                       | <input type="checkbox"/> Normal Pulp                     | <input type="text" value="Enter Text"/> |                                         |
|                                 | <input type="checkbox"/> Exaggrerated response with Pain | <input type="text" value="Enter Text"/> |                                         |
|                                 | <input type="checkbox"/> Absence Of Response             | <input type="text" value="Enter Text"/> |                                         |
| OCCLUSION                       |                                                          |                                         |                                         |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Class I                         | <input type="checkbox"/> Class II       | <input type="checkbox"/> Class III      |
| Wasting Diseases                | <input type="radio"/> No Findings                        | <input type="radio"/> ATTRITION         | <input type="text" value="Enter Text"/> |
|                                 | <input type="radio"/> ABRASION                           |                                         |                                         |
|                                 | <input type="radio"/> ABFRACTION                         | <input type="radio"/> EROSION           | <input type="text" value="Enter Text"/> |
| Additional Clinical Findings    | <input type="text" value="Enter Text"/>                  |                                         |                                         |