



Patient

40544

MOHAMMED SHAHAB UDDIN ABDUL MABUD

784-1985-3575372-1

Repeat

39

Male

Bangladeshi

S

E CARE - Blue Network - UNION INSURANCE

COMPANY - Default Scheme (99999)

Medical History (patient_history.aspx?patId=49561)

Billing History (patient_accounts.aspx?patId=49561)

Appointment

Visit ID 55945

14-Dec-2024

AHSAN HUSSAIN - General - DHA-P-87543658

MRN Activities(Log)

Insurance Cards

EMID Card

Vitals Alert

This Patient has Vitals for Temp: 37.5°C, Pulse: 61bpm, BP: 118mmHg, Height: 160cm, Weight: 75kg, BMI 29.3(Obese), Blood Sugar

- Start TimeNurse StationDoctor EvaluationOrthopedic Case Assessment ▼Diagnosis
- Treatments/Procedures ▼PackagesPrescriptionReimbursement Forms ▼Documents
- Progress NotesAddendumECARE CLAIM FORMOther FormsSick LeaveEnd Time
- Visit Summary SheetNabidh Clinical DocsAudit LogRadiologyLaboratoryHealth Declaration
- Signed DocumentsImage Comparison

☐Openbite

Enter Text

MIDLINE

☐Even

☐Shift to R☐Upper☐Lower

☐Shift to L☐Upper☐Lower

CROSSBITE

☐None

☐Present:# Enter Text

TRAUMA:

☐None☐Yes(teeth Involved) Enter Text

Date	Doctor	ICD Code	Diagnosis
14-Dec-2024	AHSAN HUSSAIN	R10.13	Epigastric pain
14-Dec-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without esophagitis
14-Dec-2024	AHSAN HUSSAIN	R50.9	Fever, unspecified
14-Dec-2024	AHSAN HUSSAIN	R11.2	Nausea with vomiting. unspecified

14-Dec-2024	AHSAN HUSSAIN	K29.00	Acute gastritis without bleeding
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Prescription

Generic/Dose/Form	Instructions	Duration
PANADOL ADVANCE / (PARACETAMOL : 500 MG) FILM COATED TABLETS PARACETAMOL [500 MG] / FILM COATED TABLETS (48S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN ORAL / CAPSULES (HARD GELATIN (14S, BLISTER / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) before meal	7
SCOPINAL / (HYOSCINE : 10 MG) FILM COATED TABLETS HYOSCINE [10 MG] / FILM COATED TABLETS (200S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7
PREMOSAN / (METOCLOPRAMIDE : 10 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2Time(s) perDay For 7 Day(s) after meal	7