TPA

Validity	:01-Oct-2021 - To - 30-Sep-2022
Gender	:Female
Date Of Birth	:19-Feb-1991
Patient's Tel No	:971-52-1955884

Remarks

☐ Acute ☐ Pre-existing and chronic 2018 ☐ Maternity

Chief Complaints: ARM PAIN in both Shoulders 7/12 STRESSED
Walks as housekeeping
No Smoke No Alcohol HEADACHE

Duration: A C Makes it worse

Mom BP

Vitals: BP: 120/80 mmHg TEMP: 36.6°C HR: 78 beat/min RR: 18/min Wt=61.4kg Ht=171cm

Clinical Findings:

Diagnosis: Repeated Stress Injury Headache

Diagnosis Code:

Date of Onset : (dd/mm/yyyy)

Requested Investigations: ECG CBC & Electrolytes TSH Lipid Panel

Estimated Cost:

Prescription:	Dose:	Duration:	Estimated Cost:
~~PANT~~ Amlodipine 7.5mg OD			
2 Famotidine 40mg BD			

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.

Dr's Name: *Stamp :*

Signature : *Date :*

PATIENT'S DECLARATION : ~~Bdnotes~~

I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Patient 's signature{Parent if minor} : *Date :*