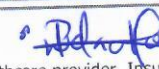


Validity	: 01-Oct-2021 - To - 30-Sep-2022		Remarks
Gender	: Female		
Date Of Birth	: 19-Feb-1991		
Patient's Tel No	: 971-52-1955884		
☐ Acute		☐ Pre-existing and chronic	2018 ☐ Maternity
Chief Complaints: ARM Pain in both Shoulders Works as housekeeping No Smoker No Alcohol STRESSED HEADACHE		Duration: A/C Makes it worse Mom BP	
Vitals: BP: 120/80 mmHg TEMP: 36.6°C HR: 78 bpm RR: 18/min Wt: 61.4kg Ht: 171cm			
Clinical Findings:			
Diagnosis: Repeated Stress Injury		Diagnosis Code:	Date of Onset : (dd/mm/yyyy)
Requested Investigations: ECG CBC & Electrolytes TSH Lipid Panel			Estimated Cost:
Prescription: Pantoloc 7.5mg OD 2 Famotidine 40mg BD		Dose:	Duration:
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 :  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 :	