

100

Rx_{1.)} ✓

CARVEDILOL (CARVID; TABLET 25MG)

Stock

Signa : 1/2 (ONE-HALF) TABLET 2 TIMES A DAY

Quantity: 15

30

2.)

APIXABAN (ELIQUIS; TABLET 2.5MG*)**

**) ~~EMBOHS~~ = 70

Fagaly

Figs

— 1 —

Rhod

~~Quantity: 30~~

DAPAGLIFLOZIN PROPANEDIOL (FORXIGA; TABLET 10MG**

Signa : 1 TABLET ONCE A DAY

Quantity: 30

ISOSORBIDE-5-MONONITRATE (IMDUR DURULE; TABLET)

Signa : 1 TABLET ONCE A DAY

Quantity: 30

Stock is 60 mg.

1/2 tablet only
to be taken
daily

Fatima Anne D. Apacible, MD
Internal Medicine
LIC. No. D151727

TAN MARIA PAULA BEATRICE T

License No 0157764

PTR No 8141799

MD

NOT TO BE USED FOR S2 REQUIRING MEDICINE

~~Rita~~ 5.) ~~amlodipine~~ AMLODIPINE BESILATE (NORVASC; TABLET 5MG) stock

Signa : 1 TABLET ONCE A DAY

Quantity: 30

~~antacid~~ 6.) PANTOPRAZOLE (PANTOLOC; TABLET 40MG)

Signa : 1 TABLET ONCE A DAY

(15)

Quantity: 30

7.) LINAGLITZTIN (TRAJENTA; TABLET 5MG***)

Signa : 1 TABLET ONCE A DAY

Quantity: 30

Same w/ #12

8.) SIMVASTATIN (ZOCOR; TABLET 20MG)

Signa : 1 TABLET ONCE A DAY

block

Quantity: 30

X 9.) SPIRONOLACTONE (ALDACTONE; TABLET 25MG)

block

Signa : 1 TABLET ONCE A DAY EVERY OTHER DAYS EVEN
DAYS
(UNTIL FF UP WITH HIS MAIN PHYSICIAN AT
METROPOLITAN OR HOSPITAL OF CHOICE)

Quantity: 7

TAN, MARIA PAULA BEATRICE T. Fatima Anne D. Apacible, MD MD
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10.)

KETO ANALOGUES/AMINO ACIDS (KETOSTERIL ; TABLET
600MG***)

Stock

Signa : 1 TABLET 3 TIMES A DAY

Quantity: 21

11.)

FUROSEMIDE (LASIX; TABLET 40MG)

~~Signa : 1/2 (ONE-HALF) TABLET ONCE A DAY EVERY OTHER
DAYS ODD DAYS
*HOLD IF NO EDEMA OR "MANAS"~~~~Quantity: 7~~*Receiving Pancreas
manas*

12.)

LINAGLITZTIN (TRAJENTA; TABLET 5MG***)

~~X~~

Signa : 1 TABLET ONCE A DAY

Quantity: 7

TAN, MARIA PAULA BEATRICE T. *Fatima Anne D. Apacible, MD* MD
License No 0157764 Internal Medicine
PTR No 8141799 Lic. No. 0161727

NOT TO BE USED FOR S2 REQUIRING MEDICINE

Home Instruction Form

INSTRUCTIONS : INDICATE WITH A X MARK ON THE THE TICK BOXES IF THE ITEM APPLIES

SERVICE : ENT Internal Medicine Neurosciences OB-Gynecology Ophthalmology Pediatrics Surgery

Patient's Name (Last First Middle)	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Date of Birth Feb 12, 1952	MRN 1197703
CHUA, SUBING			

Date of Admission
Jun 30, 2024

Date of Discharge
Jul 03, 2024

Diagnosis upon Discharge

HEART FAILURE WITH PRESERVE EJECTION FRACTION

Date of Procedure/ Surgery (if any)	Procedure/ Surgery (if any)	Other Information
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I. Follow-up Schedule

Doctors Name	Date	Time	Clinic Location	Clinic Telephone Number	Notes
DR. C. PASCUAL	AFTER 1 WEEK	CALL FOR APPOINTMENT	1F CPM 1/F R-5 Tower 1	09289807328	REPEAT NA,K,CREA,RBS,CO2,FT4,TSH; WHOLE ABDOMEN ULTRASOUND WITH PROSTATE
NEUROLOGY REFFERAL	AS OUTPT				do not hydrate

II. Medications

(TAKE MEDICINES WITH WATER ON A FULL STOMACH, UNLESS OTHERWISE INDICATED)

Drug (Generic)	Dosage	Frequency & Last Dose	Prescribed Time	Precaution(s)	Indication(s)	Prescribing Physician
CARVID; TABLET 25MG CARVEDILOL	1 (ONE-HALF TABLET)	2 TIMES A DAY	8AM-8PM	MAY CAUSE DIZZINESS	HOLD FOR SBP LESS THAN 100MMHG AND HEART RATE BELOW 60BPM	DORION-DIAZ,LOURDES BUENAVENTURA
ELIQUIS; TABLET 2.5MG*** APIXABAN	1 TABLET	2 TIMES A DAY	8AM-8PM			DORION-DIAZ,LOURDES BUENAVENTURA
FORXIGA; TABLET 10MG*** DAPAGLIFLOZIN PROPANEDIOL	X	1 TABLET	ONCE A DAY	8AM	HELPS CONTROL BLOOD SUGAR LEVEL MONITOR BLOOD SUGAR LEVELS REGULARLY.	DORION-DIAZ,LOURDES BUENAVENTURA
IMDUR DURULE; TABLET 30MG ISOSORBIDE-5-MONONITRATE	1 TABLET	ONCE A DAY	8AM		HELPS RELIEVE/MANAGE CHEST PAIN	DORION-DIAZ,LOURDES BUENAVENTURA
NORVASC; TABLET 5MG AMLODIPINE BESYLATE	1 TABLET	ONCE A DAY	8AM			DORION-DIAZ,LOURDES BUENAVENTURA

30 ✓

30 ✓

15 ✓

30 ✓



Home Instruction Form

MAKATI MEDICAL CENTER

PANTOLOC; TABLET 40MG PANTOPRAZOLE	1 TABLET	ONCE A DAY	6AM	TAKE 30 MINUTES BEFORE BREAKFAST	HELPS PREVENT HYPERACIDITY AND FORMATION OF ULCERS	DORION-DIAZ, LOURDES BUENAVENTURA									
TRAJENTA; TABLET 5MG*** LINAGLITZTIN	1 TABLET	ONCE A DAY	8AM	Same		DORION-DIAZ, LOURDES BUENAVENTURA									
ZOCOR; TABLET 20MG SIMVASTATIN	1 TABLET	ONCE A DAY	8PM	MAY CAUSE MUSCLE PAIN/WEAKNESS	HELPS REGULATE BLOOD CHOLESTEROL LEVEL	DORION-DIAZ, LOURDES BUENAVENTURA									
ALDACTONE; TABLET 25MG SPIRONOLACTONE	1 TABLET	ONCE A DAY EVERY OTHER DAY EVEN (UNTIL FF UP WITH HIS MAIN PHYSICIAN AT METROPOLITAN OR HOSPITAL OF CHOICE)	8AM	MAY CAUSE DIZZINEE SWELLING/WATER RETENTION MAY LOWER BLOOD PRESSURE	HELP RELIEVE SWELLING/WATER RETENTION MAY LOWER BLOOD PRESSURE	PASCUAL, CHRISTINE V.									
KETOSTERIL; TABLET 600MG*** KETO ANALOGUES/AMINO ACIDS	1 TABLET	3 TIMES A DAY	8AM-2PM-8PM	HELPS PROTECT THE KIDNEYS FROM DAMAGE	HELPS PROTECT THE KIDNEYS FROM DAMAGE	PASCUAL, CHRISTINE V.									
LASIX; TABLET 40MG FUROSEMIDE	1/2 (ONE-HALF) TABLET	ONCE A DAY EVERY OTHER DAY ODD DAYS *HOLD IF NO EDEMA OR "MANAS"	8AM	MAY CAUSE DIZZINESS HELP RELIEVE SWELLING/WATER RETENTION MAY LOWER BLOOD PRESSURE	HELP RELIEVE SWELLING/WATER RETENTION MAY LOWER BLOOD PRESSURE	PASCUAL, CHRISTINE V.									
TRAJENTA; TABLET 5MG** LINAGLITZTIN	1 TABLET	ONCE A DAY	8AM	HELPS CONTROL BLOOD SUGAR LEVEL MONITOR BLOOD SUGAR LEVELS REGULARLY	HELPS CONTROL BLOOD SUGAR LEVEL MONITOR BLOOD SUGAR LEVELS REGULARLY	PASCUAL, CHRISTINE V.									
Validated by Charge Nurse / Pharmacist:		Signature: <i>Princess Lalaine M. Pineda, RN</i>		Date: <u>JUL 03 2024</u>	Time: <u>12</u>										
III. Other Home Care Instructions															
A. Activities	<input type="checkbox"/> Walking _____ <input type="checkbox"/> Exercise _____	<input type="checkbox"/> Bathing _____ <input type="checkbox"/> Others _____													
<input checked="" type="checkbox"/> No Restrictions <input type="checkbox"/> Instructions Given	<input type="checkbox"/> Driving _____ <input type="checkbox"/> Lifting _____														
B. Nutrition	<input type="checkbox"/> Special Diet _____ <input type="checkbox"/> Supplement/Others _____	<input type="checkbox"/> Others _____													
<input checked="" type="checkbox"/> No Required <input type="checkbox"/> Instructions Given	(Include type & what to do) <input type="checkbox"/> Dressing(s) _____ <input type="checkbox"/> Tube(s) _____	<input type="checkbox"/> Drain _____ <input type="checkbox"/> Others _____													
C. Special Care	<input type="checkbox"/> No Required <input type="checkbox"/> Instructions Given														
(Include type & what to obtain)															
D. Supplies Equipment															
(Include type & what to obtain)															

St. Ma. Josefa Home for the Aged

2652 Maytubig St., Malate, Manila

852 536 47

PERSONAL DATA FORM

CHUA

Surname

SUBING

First Name

Middle Name

Date of Birth: Feb. 12, 1958 Place of Birth: Manila

Nationality: Chinese Gender: Male Female Age: 72

Address: 247 Padre Fauna St., Ermita, Manila

Tel/Mobile No. Email Add: Civil Status: Married

Educational Attainment: Undergraduate Date of Entrance: July 5, 2024

Religion: Catholic

REQUIREMENTS:

- Vaccinated Card/Booster
- RT-PCR test
- Medical Abstract
- Birth Certificate (Photo Copy)
- Marriage Contract (Photo Copy)
- Senior Citizen's ID/ any Valid ID (Photo Copy)
- Passport (Photo Copy)

Name/Signature of Resident

Natividad Chua
NC wife

Approved By:

Madre Concepcion Heras
Mother Superior