

Patient Form

Basic Details

Patient Name*

Gender*

Date Of Birth*

Orders

Add Medicine Order

Add Lab Order

No Orders Added

Reset

Save

Patient Form

Basic Details

Patient Name*

Dexter Elma

Gender*

Male

Date Of Birth*

18-03-1981

Orders

Add Medicine Order

Add Lab Order

Medicine Order (#1)

Medicine Name*

Dexilant

Strength*

10.0 mg

Price*

14.99

Qty*

2

Total

29.98

Medicine Order (#2)

Medicine Name*

Cephorotene

Strength*

200.0 mcg

Price*

30.00

Qty*

1

Total

30.00

Lab Order (#3)

Lab Test Name*

Thoracentesis

Specimen Type

Blood, Urine, Sputum

Priority*

Priority Care

Price*

200.0

Instructions

Please do not eat or drink anything for 30 minutes before the test.

Medicine Order (#4)

Medicine Name*

Cephorotene

Strength*

200.0 mcg

Price*

30.00

Qty*

1

Total

30.00

Lab Order (#5)

Lab Test Name*

Thoracentesis

Specimen Type

Blood, Urine, Sputum

Priority*

Priority Care

Price*

200.0

Instructions

Please do not eat or drink anything for 30 minutes before the test.

Lab Order (#6)

Lab Test Name*

Specimen Type

Blood, Urine, Sputum

Priority*

Price*

Instructions

Reset

Save