

Medical Sheet																									
Patient Name : Al					ton Rebello						Emira			rates ID			:	: 784-1991-2906159-3							
File No : 1				17		DOB					1996-06-20		Nationality			:	: Indian								
Gender : M					le	Doctor's	Name			:	: Alan Alfred		Date					:	: 2024-02-03						
Vital Signs																									
Tempe	rature	Pulse	В	PS	BPD	Height	Weight BMI			Res	spiratory	SpO2	SpO2 Hip			Waist Head Circum			rence	Urinal	nalysis Other De		tails		
									Aller			gies													
Allergy Type					Allergy			\top	Allergies		All	lergy l	For	or			Other A								
Past/Family History																									
Date	ate Doctor				er Past		Family Surg				Smoki			g Alcohol					Alcoho	l _{Drug}	Drug Drug			rug	
			History His		story His		tory Histor		ry		Chief Con		tails	75361		Н	Habit Qty		details		Habi		t Qty detail		
Complaints HPI																									
Location		Qualit	Quality		Severit	у	Durat		Timi	•	Context		Modifying Fa		g Fac	actor		S	ymptoms	ıptoms		Others			
										Review o		f Systen	ystems												
Date	Doctor	r Const Skin		in I	Eye ENT Resp					Gastro Ge Intestinal Ur		Neuro	ro Musculo skeletal		Phy				nato iphatic	Allergy Immuno	Mer Hist		Addi ROS		
											Nurse	Notes													
Nurse Notes Date Recorded																									
Narrative Diagnosis																									
Narrat	ive Diagno	osis											Fina	l Diag	nosis	S									
											Diagn	osis													
Туре				Со	de	Diagnosis							Notes				year								
											Treatn	nents													
СРТ	Start				reatment Qt		Session		EXP.		Unit	Gross		Discount		Net VAT		_	, NET+VA		Stat	us	Doctor Notes		
Code	Time	Time Time				Date			re	Price Prescri	ption				Amount					Notes					
				_				Use		Evo	quency			I	Duration Quantity Basis 6 5 5 5										
Code	Generio	ric Brand			Dosage	Stren			Units)		ue	Frequency		Duration		•	Quantity		Route for Admin			Instructions			
											Progress	Notes													
Progress Notes					N	olan				Other instructions				Date			te I	e Recorded							
hjh									_							2/1/2024 9:10:10 PM									
Addendum																									
Addendum For Addendum												Date Recorded													
Sign here, only if all of your questions have been answered to your satisfaction																									
					PATI	IENT												00C	TOR						
	Patient Name Alston Rebello												Doctor/Therapist Name Alan Alfred - Dental (GD10001)												
					Da 2024-	.te -02-03											20	Dat 24-0	:e 02-03						

