

Gian Carlo Coruña, MD, FPAMS, DPBO, MHM

Eye Specialist

Fellow Philippine Academy of Medical Specialists

Diplomate Philippine Board of Ophthalmology

Master in Hospital Management

Rm 1E05 Bacolod Adventist Medical Center, CV Ramos Ave., Taculing, Bacolod City

Name: Noblera, Jan Randall Date: 10/25/2023
Age/Sex: 8 / M

Rx

① Tobramycin + Dexamethasone #1
eye drops

1 drop 4x/day in both eyes
x 1 week

② I-dew #1

1 drop 4x/day x 1 week

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106179



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CLR-FO-037
Rev. 01
31 AUG 2021

OUT-PATIENT CONSULTATION FORM

Date: _____ This form is valid from 2023-10-24 to 2023-10-26 only.
Dr: CORUÑA, GIAN CARLO Room No: _____ Hospital: ADVENTIST MEDICAL CENTER - BACOLOD, INC. (Formerly BACOLOD ADVENTIST MEDICAL CENTER)
Name of Patient: NOBLEZA, JAN RANDALL Age: 8 Sex: MALE
MediCard Account / ID Number: 34563385 Company: NATIONAL GRID CORPORATION OF THE PHILIPPINES (NGCP)
Effectivity Date: 2021-09-21 Validity Date: 2023-12-31 Note: (please fill up pertinent data)
MACE Reference No: MACEI12782847 Co-Pay: _____

Chief Complaint:
sore eyes

History of Present Illness:

Past / Family History:

ROS:

Vital Signs: BP: _____ HR: _____ RR: _____ Temp: _____

Physical Examination:

Diagnosis / Working Impression:

ICD 10 CODE:

Other Diagnosis Contributory to the Chief Complaint:

Other Diagnosis Non-Contributory to the Chief Complaint:

Types of Illness: (Check if Applicable) Congenital Maternity Related Medico Legal

Plan of Management:

Procedure(s) Done In Clinic: _____ Approval Code: _____

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