

MAIL OR FAX TO:
TROY UNIVERSITY
Student Health Services
1 Hamill Hall
Troy, Alabama 36082
Phone (334) 670-3452
Fax (334) 670-3853

STUDENT MEDICAL HISTORY RECORD
(Confidential)

JAN 1 2009

OFFICE USE ONLY

Comp. _____
Temp. 1-4-16
HLD _____
Inc. _____

This record must be filed with Student Health Services prior to registration.

Name Althomali Saad Eidhan SS/ID No. 1290902
Last First Middle
Permanent Home Address 4045 Brandy St Apt 9 Troy AL 36801
Street City State Zip
Date of Birth 26 Feb 1997 Sex M Phone 4048891050 Cell Phone _____
Person to be notified in an emergency Okud Althomali
sister Name
Relationship Telephone Number (Home) (Work)

All students should carry Health Insurance. Please attach copy of front & back of insurance card.

Please give D.O.B. for individual on insurance card: _____

Insurance Company United Healthcare Name on card Saad Althomali
Contract/Policy # _____ Group # _____

Personal Physician _____
Name Address Telephone Number

Troy University requires all students born after 1956 to submit official documentation of two (2) measles (rubella) vaccinations.

REQUIRED VACCINATIONS. A copy of an official document may be attached.

	Date	Official Signature or stamp	Circle One
Measles: #1	<u>NO</u>	_____	ME MR MMR
Measles: #2	<u>1-4-16</u>	_____	ME MR MMR

Troy University requires all students entering Fall 2009 to submit official documentation of TB skin testing within 12 months.

Tuberculin Skin Test Date given 1-4-16 Date read 1-6-16 Results 25 MM
NO Blair

Chest X-ray and treatment must be submitted for positive skin tests.

Chest X-ray Date _____ Results _____
Recommended Treatment _____

Official Signature or Stamp

Recommended but NOT required vaccinations.

Tetanus _____ Meningitis _____ Hep B _____ Hep B _____
Hep B _____ Hep A _____ Hep A _____

(over)

Troy University
Student Health Services
 Troy, AL 36082
 (334) 670-3452

Tax ID 63-6001102

Name: Saad Althomali Date: 1/4/16 Time: 3:50
 ID# 14909021 e-mail: salthomali@outlook.com
 Dorm & Room #: _____ Phone #: 4048891250
 Mailing Address: Salthomali@outlook.com 1404 S. Brundage St Circle: _____
 City, State, Zip: Troy, AL 36081 APT-9 Male ☒ Female ☐
 Date of Birth: Month Feb Date 26 Year 1997

OFFICE USE ONLY:	
Insurance	SC
Insured DOB	

SERVICES	CODE	FEE	Other	CODE	FEE	MEDICATIONS	NDC	FEE
Brief New Patient	99201	\$	LAB			Acetaminophen 500 mg	0182-1453-10	\$
Limited New Patient	99202	\$	Accu-Check Glucose	82962	\$	Amantadine 100 mg	0056-0315-70	\$
Intermediate New Patient	99203	\$	Amylase	82150-90	\$	Amoxicillin 500 mg	0182-1071-05	\$
Brief Est.	99211	\$	B12 & Folate	82607-90,82746-90	\$	Cephalexin 500 mg	0182-1279-05	\$
Limited Est.	99212	\$	Basic Metabolic Panel	80048-90	\$	Dimenhydrinate 50 mg	0182-0195-01	\$
Intermediate Est.	99213	\$	CBC	85025-90	\$	Diphenhydramine 25 mg	0182-2092-01	\$
Physical Est.	99395	\$	Collection Fee Blood	38415	\$	Doxycycline 100 mg	0182-1035-05	\$
Other		\$	Comprehensive Meta. Panel	50053-90	\$	E-Mycin 333 mg	0524-0208-05	\$
INJECTIONS			DNA Probe Chlamydia	87490-90	\$	Genaspor 1% Cream	0182-1658-51	\$
Admin. Injection	90782	\$	DNA Probe N.gnonorrhoea	87590-90	\$	Hydrocortisone Cream		
Allergy Inj. single	95115	\$	Electrolytes	80051-90	\$	1% 1 oz.	0182-5080-34	\$
Allergy Inj. multiple	95117	\$	Epstein Barr IgG, IgM	86685-90x2	\$	Ibuprofen 200 mg	0182-1039-10	\$
B-12	90782/02	\$	Free T4	84439-90	\$	Ibuprofen 600 mg	0182-1810-06	\$
Decadron 4 mg	90782/04	\$	Glucose	82947-90	\$	Loperamide 2 mg	0182-1082-11	\$
Dimenhydrinate	90782	\$	Helicobacter pylori	86677-90	\$	Miraphan PSE	5766-4022-13	\$
Epinephrine Sub Q	90782/07	\$	Hep. B Surface AB	86706-90	\$	Naproxen 500mg	18393-277-42	\$
Promethazine	90782	\$	Inlec. Dis. Pro. 4	86762-90,86787-90	\$	Nasal Spray 45 ml	0182-6135-77	\$
Rocaphin	90788	\$	Influenza Test	86710	\$	Phenazopyridine 100 mg	0182-0138-01	\$
Solu-Medrol	90782	\$	Iron & IBC	83540-90,83550-90	\$	Profen II DM	5931-0310-10	\$
Triamcinolone 40 mg	90782	\$	Lipid Panel	80061-90	\$	Promethazine 25 mg	0761-1830-10	\$
Other		\$	Liver Panel	80076-90	\$	Pseudoephedrine 30 mg	0182-1459-68	\$
IMMUNIZATIONS			Measles Titer	86765-90	\$	Ranitidine 75 mg	0182-2681-15	\$
Admin. Flu	90008	\$	Mono Screen	86308-90	\$	Sterapred 5mg/8 day	0603-5332-15	\$
FluMist	90680	\$	Mumps Titer	86735-90	\$	Sterapred 10mg/8 day	0603-5333-15	\$
Hepatitis A	90632	\$	Ova & Para	87177-90,88312-90	\$	Sterapred 5mg/12 day	0603-5332-31	\$
Hepatitis B	90746	\$	Pregnancy - Serum	84703-90	\$	Sterapred 10mg/12 day	0603-5333-21	\$
Influenza Split Virus	90658	\$	Pregnancy - Urine	81025	\$	Sulfatrim 800mg/160mg	0182-1408-05	\$
MMR2	90707	\$	Rubella Titer	86762-90	\$	Teagren II	0182-7082-64	\$
PPD Skin Test	88580	\$	Sed Rate	85851-90	\$	Other		\$
Td	90718	\$	Stool Culture	87045-90,87046-90	\$	Other		\$
Tetanus	90703	\$	Strep Test	87880	\$	Other		\$
Typhim	90714	\$	Throat Culture	87081-90	\$			
Other		\$	Triglycerides	84478-90	\$	SUPPLIES		
PROCEDURES			TSH	84443-90	\$	Ace Bandage	99070	\$
I&D Abscess	10060	\$	U/A Dip	81002	\$	Ankle Support	99070	\$
Inhalation Treatment	94640	\$	Uric Acid	84550-90	\$	Finger Splint	29130	\$
Removal Impacted Cerumen	69210	\$	Urinalysis/Micro	81000	\$	Forearm Splint	29125	\$
Removal Ingrown Nail	11730	\$	Urine Culture	87088-90	\$	Sling	99070	\$
Suture Removal	99070	\$	Varicella Zoster Titer	86787-90	\$	Wrist Support	99070	\$
Trigger Point Inj.	20552	\$	Wet Prep	87210	\$	Crutches	99070	\$
						Other		\$

Comments: _____

 Diagnosis: _____
 Provider Signature: _____

Office Visit	
Other Charges	97.00
Co-Pay	paid
Balance	
Acct.	

I hereby authorize the release of medical information acquired in the course of my examination or treatment and authorize payment directly to Troy University. I agree to assume responsibility for payment of charges not covered by my insurance. I understand if I do not provide all needed information within one week, all charges will be placed on my student account.

Signed: _____
 TROY Publications 888-028 10/15

Date: _____