**Maccabi Health Services** Date: July 26, 2023

**Dr. Markovitz Shira** Referred by:

A bar code with numbers

Description automatically generatedNeurology

**Specialties:** Specialist in Neurology

Phone: 02-5864222

Fax: 073-2132695

Address: Golda Meir Blvd 255, Jerusalem (Ramot Mall, First Floor)

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| Examinee’s details:  Last name: **Shapiro** First name: **Leonard Z** National ID number: 340903137  Date of birth: July 29, 1936 Sex: male Phone: 0543171706 Work phone/Mobile: 0543171706  Address: Gad 13/23, Jerusalem Area code: 9362212 |

**Summary of Visit from July 26, 2023, at 13:42**

**Date of visit:** July 26, 2023

**Recommendations for Patient:** Increase Gabapentin/Neurontin 600mg before bed

B12 Supplement

Balance blood sugar, to below 100

Consider medical cannabis for neuropathic pain

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| --- | --- |
| Information source | Comments |
| Initiated transfer of documents to the patient’s file | Increase Gabapentin/Neurontin to 600mg before bed  B12 Supplement  Balance blood sugar, to below 100  Consider medical cannabis for neuropathic pain  During this visit, documents were transferred to the patient’s file |

**Invited for follow-up:** Please come for a follow-up visit in about 4 months

**Medications prescribed during the visit:**

|  |  |  |
| --- | --- | --- |
| Medication Name | Dosing and Instructions | Names of alternatives |
| NEURONTIN 300MG X100 | Swallow two capsules once a day (morning two capsules) for 30 days | \* CAP. NEURONTIN 300MG X 100 < 60 Units > [9580]  CAP. GABAPENTIN-TEVA 300MG X 100 <60 Units > [2758]  CAP. GABAPENTIN INV. 300MG X 100 <60 Units > [8550] |
| VIT B12 MAC 1000MCG120 | Place under the tongue, 1 tablet once a day (as needed) for one day | \* TAB. VIT B12 MAC 1000MCG120 not to be swallowed <1 OP> [8056] |
| B12 STEROP 1MGML X 10 | Inject one ampule once a day. Once per month (morning, one ampule) for one month | \*AMP. B12 STEROP 1MGML X 10 <1 OP> [3334]  AMP. B12 STEROP 1MGMLX100 <1 OP> [3335] |

**Referrals, Authorizations, and Information Sheets**

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| --- | --- | --- | --- |
| Type | Name/Description | From date | To date |
| Referral | Nurse: Intramuscular injection IM |  |  |
| Authorizations | Consultation response |  |  |

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