

Head Director: dr. György Veikey**address: 3 Bethesda str., Budapest, 1146 Premises: 57 Ilka str., Budapest, 1146****Tel.: (1) 364-9020 Fax: (1) 364-9070****www.bethesda.hu****II. Paediatric Polyclinic***Polyclinic Director: Dr. Ildikó Szabó***OEP CODE: 012320512***TeL :06-1-422-2837***Outpatient sheet****Name:** Bernadett Horváth (b.n.:)**Place and Date of Birth:** Budapest 10/01/1996 (15 years old)**Mother's name:** Andrea Kovács**Home address:** 39 Tegzes str., Budapest, 1221**Queue number:** 2011003789**Social Security:** 110 260 246**Time of examination:** 2011.06.01. 12:09**Diary number:** 001003789**Referred from:** 11. Paediatric Polyclinic (012320512)**Referred by:** Dr. Kristóf Zágonyi (71558)**Referring diagnosis.:** Dermatitis, unspecified L3090

Gastroenterological examination:

Bernadett is under continuous therapy for a generalized skin condition that she developed after receiving Act Hib vaccination during infancy. Her parents had their child examined in some of the leading institutions in the world.

Despite the long, detailed and repeated examinations no diagnosis was confirmed while the skin condition is very active and led to a pronounced decline in the child's physical status.

Regarding her diet, the laboratory results support the unequivocal physical observations that a few hours after the consumption of dairy and gluten products her skin condition deteriorates significantly and is accompanied by diarrhoea.

With a diet developed via extensive and tender parental care, patient eats very well (adult quantities, elaborately) and was able to gain 7 kg in the last year, reaching her current weight of 26 kg. Patient has no abdominal complaints, defecates once a day with normal consistency.

We request check-up laboratory examination, also I recommend continuing the established, appropriate diet, which resulted in significant clinical improvement.

Patient is advised to return for check-up in 3 months' time or anytime complaints occur -

Budapest, 01/06/2011



Dr. Czele János
vizsgáló orvos

With my signature I hereby declare that I've received information about medication with the same active substance or of similar therapeutic effect but with lower price, also about other medical instruments of the same functional category but of lower price, furthermore about the prices of given products, the amount of social security support and differences in fees to be remitted. In the last 30/60/90 days I haven't had the same medication prescribed by any other physician. _____

Signature of parent or guardian

(Registered in MedWorkS system by: Csilla Gyebnárné Szabó A00014)

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