Patient details

Date	:	17-May-2024 / 10:30AM - 10:45AM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	36528 / Yin Yin Aye
Mobile #	:	0555402967
Gender / DOB/Age	:	Female / 01-Jun-1977
Nationality	:	Myanmarese
Insurance / Card#	:	E CARE - Blue Network / I040-029-117580473-01
EMID #	:	784-1977-8032180-4

Medical Record details

Complaints

Complaints

co cough dry pain in throat body pain fever 3 days

oe chest is congested no addded sounds restlesss irretable

Past / Family / Social History

Past History	:	
Other Past History	:	
Family History	:	
Social History - Smoking	:	No
Social History - Alcohol	:	No
Surgical History	:	

Allergies

Allergy Type	Allergy Severity	Allergies	Allergy For	Physical Examination
		No Known Allergies	Unknown	

Vital Signs

Temperature	: 37.7	**BPS**	: 83	**BPD**	:	**Pulse**	: 85	**Height**	: 155 cm	**Weight**	: 52.8 kg
BMI	: 21.97711 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 97%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: risk for fall										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
17-May-2024	Humaira	R52	Pain, unspecified	
17-May-2024	Humaira	R50.9	Fever, unspecified	
17-May-2024	Humaira	R05	Cough	
17-May-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

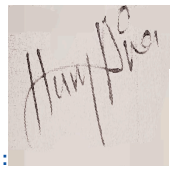
Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	2190-106618-1001	PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION	NA	NA	iv infusion
00:00:00	00:00:00	86140	C REACTIVE PROTEIN	NA	NA	
00:00:00	00:00:00	96365	THER/PROPH/DIAG IV INF INIT	NA	NA	
00:00:00	00:00:00	9	Consultation GP	NA	NA	
00:00:00	00:00:00	0195-107704-0802	CEFTRIAXONE-TABUK IM			

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
EXYLIN / (AMMONIUM CHLORIDE : N/A) (MENTHOL : N/A) (DIPHENHYDRAMINE : 14 MG/5 ML) SYRUP ORAL / SYRUP (100ML, BOTTLE) / Syrup	Take 1Syrup 1Time(s) perDay For 1 Day(s) others	1	1	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS ORAL / CAPLETS (48S, BOX) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS ORAL / TABLETS (14S, BLISTER PACK) / Tablets	Take 1 Unit(s), 2 Time(s) per Day For 7 Day(s)	7	1	

Doctor Signature & Stamp :



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.