



Patient details

Date	:	23-May-2024 / 7:00PM - 7:40PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	43205 / RIZWAN AKRAM MUHAMMAD AKRAM
Mobile #	:	0561520773
Gender / DOB/Age	:	Male / 15-Jul-1985
Nationality	:	Pakistani
Insurance / Card#	:	Lifeline / LL523994
EMID #	:	784-1985-2943647-3



**Photo
Not
Available**

Medical Record details

Complaints

Complaints

Cough, ichty throat, nasal congestion, and recurrent nasal discharge and nose blocked.

There is no fever.

Symptoms since the past 5days.

Developed widespread macular rashes 2days after the onset of upper respiratory tract infections.

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 : 36.5 BPS : 79 BPD : Pulse : 82 Height : 0 cm Weight : 58 kg
BMI : ∞ bpm Respiratory : 20 bpm SpO2 : 96% Hip : cm Waist : cm
Head Circumference : cm
Urinalysis (Protein & Glucose) :
Notes : risk of fall

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
23-May-2024	Enomen Goodluck	L20.9	Atopic dermatitis, unspecified	
23-May-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
23-May-2024	Enomen Goodluck	J02.9	Acute pharyngitis, unspecified	
23-May-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
OTRIVIN (ADULT) / (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS NASAL / NASAL DROPS (10ML, BOTTLE) / Drops	Take 2Drops 2 Time(s) per Day For 5 Day(s) others	5	1	
DIOCALV 625 / (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal	10	20	
GUPISONE / (PREDNISOLONE : 5 MG) TABLETS ORAL / TABLETS (200S, BLISTER PACK) / Tablets	Take 2Tablets 1 Time(s) per Day For 5 Day(s) after meal	5	10	
FLUTAB / (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2Time(s) perDay For 10 Day(s) after meal	10	20	
CLARITINE / (LORATADINE : 10 MG) TABLETS ORAL / TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1Time(s) perDay For 10 Day(s) evening	10	10	

Doctor Signature & Stamp :

