Patient details

Date	:	28-May-2024 / 9:15PM - 9:30PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	41706 / ABU SUFYAN MUHAMMAD AZAM
Mobile #	:	0554196832
Gender / DOB/Age	:	Male / 15-Jun-1998
Nationality	:	Pakistani
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LL558687
EMID #	:	784-1998-2281409-3

Medical Record details

Complaints

Complaints

pain, swelling, of the left big toe with disfigured big toe nail.

Infected ingrowing toe nail.

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	**BPS**	: 85	**BPD**	:	**Pulse**	: 87	**Height**	: 0 cm	**Weight**	: 102 kg
BMI	: ∞ bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: risk of fall										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
28-May-2024	Enomen Goodluck	L03.032	Cellulitis of left toe	
28-May-2024	Enomen Goodluck	L60.0	Ingrowing nail	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS ORAL / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
CLOFEN / (DICLOFENAC SODIUM : 100 MG) CAPSULES (HARD GELATIN) DICLOFENAC SODIUM [100 MG] / CAPSULES (HARD GELATIN) (10S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal	5	10	

Doctor Signature & Stamp :