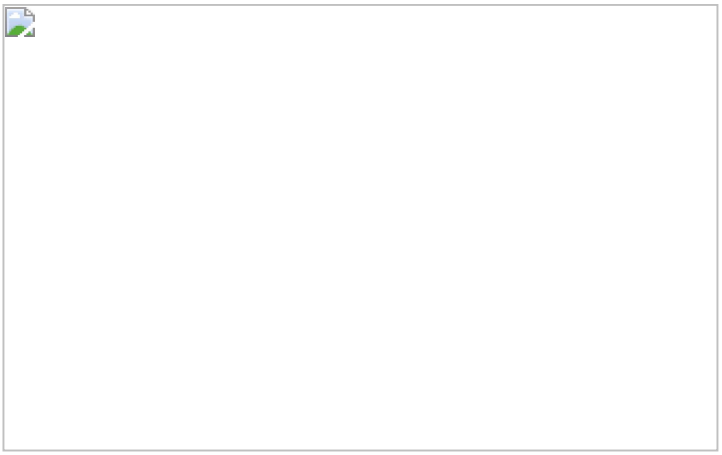
Patient details

Date	:	01-Jun-2024 / 9:15PM - 9:20PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	43273 / YASIR ARAFATH KAMAL BATCHA KAMAL BATCHA
Mobile #	:	0523076907
Gender / DOB/Age	:	Male / 28-Jul-1988
Nationality	:	Indian
Insurance / Card#	:	Lifeline / I007-037-113384056-01
EMID #	:	784-1988-4173085-0



Medical Record details

Complaints

Complaints

PC: Pain in throat, nasal congestion, nasal discharge (running nose), and feeling of discomfort in the right ear.

Duration/Onset: 30/05/2024 (2days).

HPC: Has associated productive cough and fever that is low grade and relieved transiently by pcm. Fever however is not present during this visit.

Past medical hx: not signficant, he is not hypertensive and not diabetic.

Family hx: not significant

Drug hx: not significant

social hx: smokes tobacco about 8sticks per day, does not ingest alcohol.

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	: 36.7	**BPS**	: 70	**BPD**	:	**Pulse**	: 89	**Height**	: 0 cm	**Weight**	: 90 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
01-Jun-2024	Enomen Goodluck	R50.9	Fever, unspecified	
01-Jun-2024	Enomen Goodluck	R07.0	Pain in throat	
01-Jun-2024	Enomen Goodluck	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	85025	BLOOD CBC	NA	NA	
00:00:00	00:00:00	86140	C- REACTIVE PROTEIN (CRP)	NA	NA	
00:00:00	00:00:00	9	GP CONSULTATION	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GUPISONE 5MG / (PREDNISOLONE : 5 MG) TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets	Take 2Tablets 1 Time(s) per Day For 7 Day(s) after meal	7	14	
MAXIGESIC / (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (16S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 8 Day(s) after meal	8	16	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 10 Day(s) after meal	10	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	

Doctor Signature & Stamp :