



Patient details

Date	:	09-Jun-2024 / 12:45PM - 1:00PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	35146 / Edobor Lawal Okao
Mobile #	:	0551660134
Gender / DOB/Age	:	Male / 31-Dec-1980
Nationality	:	Nigerian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-116878668-01
EMID #	:	784-1980-5058174-7



Photo
Not
Available

Medical Record details

Complaints

co fever cold bodyache running nose cough 4 days

oe enlarge tonsills

chest is congested no added sounds

restless

For medication refill

Known diabetic, hypertensive and hyperlipidemia patient

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 : 38.7 BPS : 100 BPD : Pulse : 96 Height : 176 cm Weight : 85 kg

BMI : 27.4406 bpm Respiratory : 18 bpm SpO2 : 99% Hip : cm Waist : cm

Head Circumference : cm

Urinalysis (Protein & Glucose) :
Notes : RISK FOR FALL

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
09-Jun-2024	Humaira	I10	Essential (primary) hypertension	
09-Jun-2024	Humaira	E11.9	Type 2 diabetes mellitus without complications	
09-Jun-2024	Humaira	R50.9	Fever, unspecified	
09-Jun-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
09-Jun-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
LINOPRIL / (LISINAPRIL : 20 MG) TABLETS ORAL / TABLETS (28S, BLISTER PACK) / Tablets	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)	30	60	
DIAMICRON MR / (GLICLAZIDE : 60 MG) MODIFIED RELEASE TABLETS ORAL / MODIFIED RELEASE TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others	60	60	
JANUMET / (SITAGLIPTIN (AS PHOSPHATE) : 50 MG) (METFORMIN HCL : 1000 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (56S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others	60	120	
TORVACARD ZENTIVA / (ATORVASTATIN (AS CALCIUM) : 20 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others	60	60	
LANTUS 100 IU/ML / (INSULIN - GLARGINE : 100 IU/ML) SOLUTION FOR INJECTION SC / SOLUTION FOR INJECTION (10ML, VIAL) / Tablets	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others	60	60	
MIRAZOL / (METRONIDAZOLE : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG 500 MG] / CAPLETS (24S, 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 :

