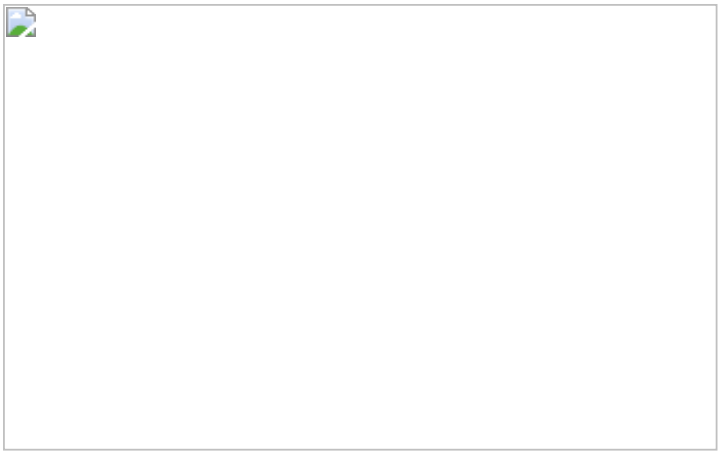
Patient details

Date	:	04-Jul-2024 / 6:10PM - 6:15PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	43496 / RAJAMANI CHELLAYAN
Mobile #	:	0556895440
Gender / DOB/Age	:	Male / 06-Jun-1966
Nationality	:	Indian
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LL523867
EMID #	:	784-1966-4219843-4



Medical Record details

Complaints

Complaints

PC: Wound on the right leg

Duration: 3weeks

A known diabetic with very poor compliance, claims he takes medicines from India and would nto yield to a change in medications. m

RBS at presentation is 375mg/dl.

Exam: Infected ulcer on the medial aspect of the inferior 3rd of the right leg.

Wound is fowl smelling and oozing pus with necrotic tissues over the surface and surrounding.

Assessment: Diabetic foot ulcer.

Plan: Refer to Endocrinologist.

For wound dressing.

Vital Signs

Temperature	: 36.5	**BPS**	: 72	**BPD**	:	**Pulse**	: 83	**Height**	: 169 cm	**Weight**	: 59 kg
BMI	: 20.65754 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: risk of fall										

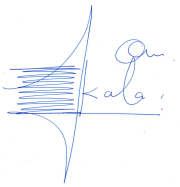
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
04-Jul-2024	Enomen Goodluck	E86.0	Dehydration	
04-Jul-2024	Enomen Goodluck	L03.115	Cellulitis of right lower limb	
04-Jul-2024	Enomen Goodluck	E11.65	Type 2 diabetes mellitus with hyperglycemia	
04-Jul-2024	Enomen Goodluck	E11.621	Type 2 diabetes mellitus with foot ulcer	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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	
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	
AMARYL / (GLIMEPIRIDE : 2 MG) TABLETS ORAL / TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 30 Day(s) evening	30	30	
JANUMET / (SITAGLIPTIN (AS PHOSPHATE) : 50 MG) (METFORMIN HCL : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (56S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 28 Day(s) after meal	28	56	

Doctor Signature & Stamp :



Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.