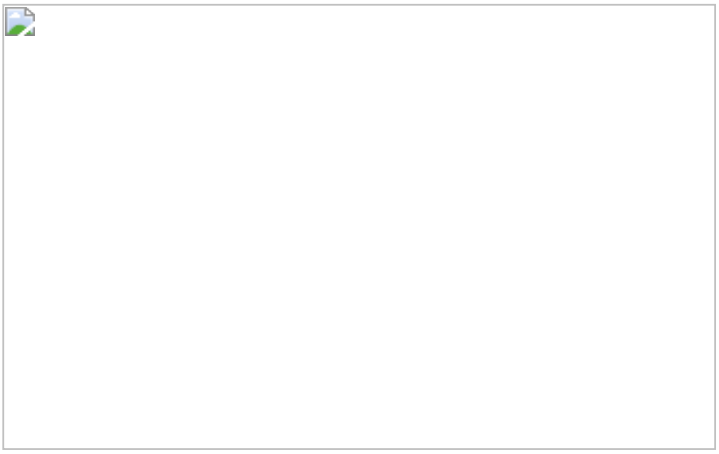
Patient details

Date	:	16-Jul-2024 / 8:15PM - 8:30PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	38241 / NISANKA RATHNAYAKA LIYANAGE
Mobile #	:	971504883260
Gender / DOB/Age	:	Male / 08-Sep-1974
Nationality	:	Sri Lankan
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LW551656
EMID #	:	784-1974-3832953-0



Medical Record details

Complaints

Complaints

Cough since past 3 weeks.

Duratino: 22/06/2024.

Cough had started with flu symptoms 3 weeks ago for which he was treated.

All other symptoms has now resolved except fot he cough which has persisted.

There is no known aggravating nor relieving factors.

There is no fever, no chest pain, no difficulty breathing and no drenching night swets.

Does not smoke.

Past / Family / Social History

Past History	:	
Other Past History	:	
Family History	:	
Social History - Smoking	:	No
Social History - Alcohol	:	No
Surgical History	:	

Vital Signs

Temperature	: 37.3	**BPS**	: 76	**BPD**	:	**Pulse**	: 98	**Height**	: 176 cm	**Weight**	: 72 kg
BMI	: 23.2438 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: RISK FOR FALL										

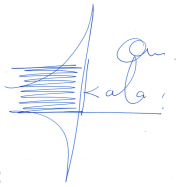
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
16-Jul-2024	Enomen Goodluck	R05	Cough	
16-Jul-2024	Enomen Goodluck	J20.9	Acute bronchitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MACROMAX 500 / (AZITHROMYCIN : 250 MG) FILM COATED TABLETS AZITHROMYCIN [250 MG] / FILM COATED TABLETS (6S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal	5	5	
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	
GUPISONE 20MG / (PREDNISOLONE : 20 MG) TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) after meal	7	7	
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP ORAL / SYRUP (200ML, BOTTLE) / ML	Take 10ML 3 Time(s) per Day For 7 Day(s) others	7	1	

Doctor Signature & Stamp :



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