Patient details

Date	:	16-Jul-2024 / 8:30PM - 8:45PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	39821 / HAMMAD ABBAS MUHAMMAD ABBAS
Mobile #	:	0524402256
Gender / DOB/Age	:	Male / 17-Sep-1994
Nationality	:	Pakistani
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LL558868
EMID #	:	784-1994-4750826-0

Medical Record details

Complaints

Complaints

PC: Generalized body pain, headache and pain inthe lower limb joints.

There is no cough and no fever.

ENT: inflammed tonsils.

Past / Family / Social History

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

Vital Signs

Temperature	: 37.8	**BPS**	: 80	**BPD**	:	**Pulse**	: 83	**Height**	: 163 cm	**Weight**	: 68 kg
BMI	: 25.59374 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
16-Jul-2024	Enomen Goodluck	E86.0	Dehydration	
16-Jul-2024	Enomen Goodluck	R53.1	Weakness	
16-Jul-2024	Enomen Goodluck	E55.9	Vitamin D deficiency, unspecified	
16-Jul-2024	Enomen Goodluck	R50.9	Fever, unspecified	
16-Jul-2024	Enomen Goodluck	R52	Pain, unspecified	
16-Jul-2024	Enomen Goodluck	M79.18	Myalgia, other site	
16-Jul-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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	
GUPISONE 20MG / (PREDNISOLONE : 20 MG) TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal	5	5	
CLOFEN RETARD / (DICLOFENAC SODIUM : 100 MG) CAPSULES (HARD GELATIN) ORAL / CAPSULES (HARD GELATIN) (10S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal	5	10	
EURO D 10000 / (CHOLECALCIFEROL : 10000 IU) SOFT GELATIN CAPSULES ORAL / SOFT GELATIN CAPSULES (30S, HDPE BOTTLE) / Tablets	Take 1Tablets 1Time(s) perDay For 30 Day(s) after meal	30	30	

Doctor Signature & Stamp :

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