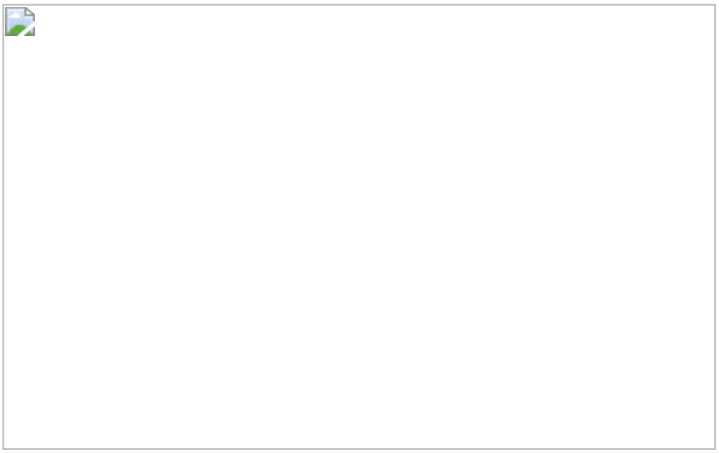
Patient details

Date	:	19-Jul-2024 / 9:30AM - 9:45AM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	43610 / AHMAD BILAL MUMTAZ AHMAD
Mobile #	:	0529225259
Gender / DOB/Age	:	Male / 11-Jan-1982
Nationality	:	Pakistani
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LL558961
EMID #	:	784-1982-9671195-9



Medical Record details

Complaints

Complaints
PC: PAIN AT LOWER LEG 3 DAYS

Allergies

Allergy Type	Allergy Severity	Allergies	Allergy For	Physical Examination
		No Known Allergies	Unknown	

Vital Signs

Temperature	: 36.9	**BPS**	: 90	**BPD**	:	**Pulse**	: 77	**Height**	: 0 cm	**Weight**	: 56 kg
BMI	: ∞ 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
19-Jul-2024	Enomen Goodluck	M79.662	Pain in left lower leg	
19-Jul-2024	Enomen Goodluck	G89.11	Acute pain due to trauma	

Prescription

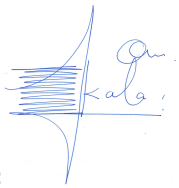
Generic/Dose/Form	Instructions	Duration	Quantity	Refill
VOLTAREN EMULGEL 12 HOURS / (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL TOPICAL / GEL (50G, TUBE) / Gel	Take 1Gel 2 Time(s) per Day For 5 Day(s) others	5	10	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MAXIGESIC / (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (32S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	

Progress Notes

Date	Notes	Visit Plan	Other Instructions	Made By	Date Recorded
19-Jul-2024	FOLLOW UP AFTER 5 DAYS			Enomen Goodluck	19-Jul-2024 09:45:53

Doctor Signature & Stamp :



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