Patient details

Date	:	09-Aug-2024 / 2:15PM - 2:30PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	40606 / LAMBODAR BARIK MADHUSUDAN BARIK
Mobile #	:	0501348891
Gender / DOB/Age	:	Male / 12-May-1982
Nationality	:	Indian
Insurance / Card#	:	NAS VN / CGG4-GG4C-DCDE-4DEA
EMID #	:	784-1982-0862680-8

Medical Record details

Complaints

Complaints

co fever on and off prulant cough pain in throat back pain after doing exercise 6th august

oe

back side muscle strain enlarge and inflamed tonsills

chest is congested no added sounds

restless

taken penadol at home

Past / Family / Social History

Past History :

Other Past History :

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

Vital Signs

Temperature	: 37.5	**BPS**	: 86	**BPD**	:	**Pulse**	: 88	**Height**	: 160 cm	**Weight**	: 76 kg
BMI	: 29.6875 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

Diagnosis

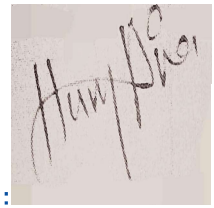
Date	Doctor	ICD Code	Diagnosis	Notes
09-Aug-2024	Humaira	K29.00	Acute gastritis without bleeding	
09-Aug-2024	Humaira	M62.830	Muscle spasm of back	
09-Aug-2024	Humaira	R05	Cough	
09-Aug-2024	Humaira	J03.90	Acute tonsillitis, unspecified	
09-Aug-2024	Humaira	R50.9	Fever, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
VOLTAREN EMULGEL / (DICLOFENAC SODIUM : 1 G/100G) GEL TOPICAL / GEL (100G, TUBE) / Gel	Take 1Gel 1Time(s) perDay For 1 Day(s) others	1	1	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS ORAL / CAPLETS (24S, BOX) / Tablets	Take 1Tablets 2Time(s) perDay For 5 Day(s) others	5	10	
EXYLIN / (AMMONIUM CHLORIDE : N/A) (MENTHOL : N/A) (DIPHENHYDRAMINE : 14 MG/5 ML) SYRUP ORAL / SYRUP (100ML, BOTTLE) / Syrup	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	1	1	
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN) ORAL / CAPSULES (HARD GELATIN) (14S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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) others	7	14	

Doctor Signature & Stamp :



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.