Patient details

Date	:	20-Aug-2024 / 5:30PM - 5:45PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	39043 / ANANT GOPICHAND KADU KADU GOPICHAND LAXMAN
Mobile #	:	0543476827
Gender / DOB/Age	:	Male / 13-May-1982
Nationality	:	Indian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-115298366-01
EMID #	:	784-1982-0487594-6

Medical Record details

Complaints

Complaints

co fever cough dry running nose 17th august 2024

oe

enlarge and inflamed tonsills

chest is congested no added sounds

restless

Vital Signs

Temperature	: 38.5	**BPS**	: 76	**BPD**	:	**Pulse**	: 113	**Height**	: 168 cm	**Weight**	: 75 kg		
BMI	: 26.57313 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
20-Aug-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
20-Aug-2024	Humaira	R05	Cough	
20-Aug-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Date	Doctor	ICD Code	Diagnosis	Notes
20-Aug-2024	Humaira	R50.9	Fever, unspecified	

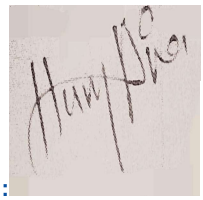
Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	9	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
STOPKOF (ALCOHOL FREE) / (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE) ORAL / SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE) / Syrup	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	1	1	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG|500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1Tablets 2 Time(s) per Day For 6 Day(s) others	6	12	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS ORAL / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others	5	5	

Doctor Signature & Stamp :



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
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