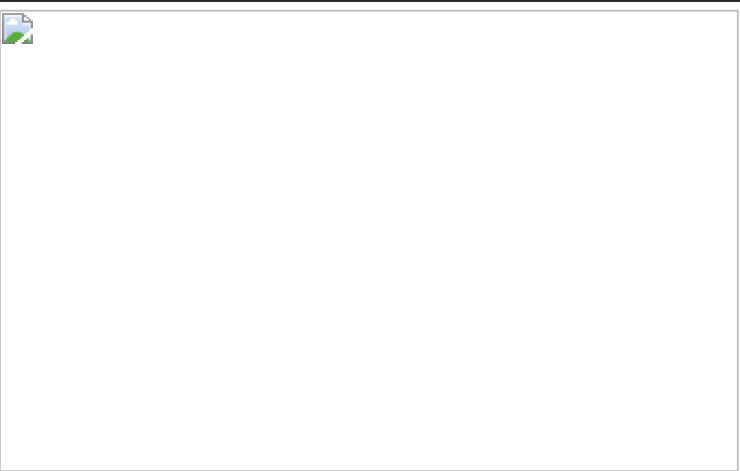




Patient details

Date	:	24-Aug-2024 / 8:00PM - 8:15PM		
Doctor	:	AHSAN HUSSAIN(General)		
Reg # / Patient Name	:	41227 / ISLAM AHMED FARRAG FOULI		
Mobile #	:	0555343183		
Gender / DOB/Age	:	Male / 13-Jun-1996		
Nationality	:	Egyptian		
Insurance / Card#	:	NAS VN / 4RCC-2I4C-DCDI-2DEA		
EMID #	:	999-9999-9999999-9		

Medical Record details

Complaints

Complaints

PC: SVERE THROAT

FEVER

PAIN IN THROAT

HEADACHE

EPIGASTRIC PAIN

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 BPS : 80 BPD : Pulse : 100 Height : 166 cm Weight : 87 kg

BMI : 31.57207 bpm Respiratory : 18 bpm SpO2 : 99% Hip : cm Waist : cm

Head Circumference : cm

Urinalysis (Protein & Glucose) :

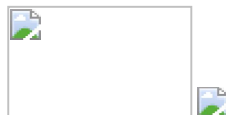
Notes : RISK FOR FALL

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
24-Aug-2024	AHSAN HUSSAIN	M54.5	Low back pain	
24-Aug-2024	AHSAN HUSSAIN	R05	Cough	
24-Aug-2024	AHSAN HUSSAIN	R51.9	Headache, unspecified	
24-Aug-2024	AHSAN HUSSAIN	J00	Acute nasopharyngitis [common cold]	
24-Aug-2024	AHSAN HUSSAIN	J22	Unspecified acute lower respiratory infection	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
KUFHETU ADULT COUGH SYRUP / (ADHATODA VASICA : 112.5 MG/10ML) (TULSI (OCIMUM SANCTUM) : 90MG/10ML) (SOLANUM XANTHOCARPUM : 90MG/10ML) (TERMINALIA BELLIRICA EXTRACT : 52.5 MG/10ML) (HEDYCHIUM SPICATUM : 37.5 MG/10ML) (GLYCYRRHIZA GLABRA EXTRACT : 22.5 MG/10ML) (PIPER LONGUM : 22.5 MG/10ML) SYRUP ORAL / SYRUP (200ML, BOTTLE) / Syrup	Take 1Syrup 2 Time(s) per Day For 5 Day(s) after meal	5	1	
VOLTAREN EMULGEL 12 HOURS / (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL TOPICAL / GEL (100G, TUBE) / Gel	Take 1Gel 2 Time(s) per Day For 2 Day(s) others	2	2	
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) after meal	7	14	
ADOL COLD & FLU DAY / (CAFFEINE ANHYDROUS : 25 MG) (PARACETAMOL : 500 MG) (PHENYLEPHRINE HCL : 5 MG) CAPLET-TABLET ORAL / CAPLET-TABLET (30S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 15 Day(s) evening	15	30	
Artiz / CETIRIZINE HCL 10mg / Tablet / Tablets	Take 1Tablets 1 Time(s) per Day For 10 Day(s) evening	10	10	

**Doctor Signature & Stamp :**