Patient details

Date	:	28-Aug-2024 / 10:00AM - 10:15AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	43956 / NADA MAHMOUD . MOHAMED ABDELFATTAH
Mobile #	:	0502718045
Gender / DOB/Age	:	Female / 01-Jan-1995
Nationality	:	Egyptian
Insurance / Card#	:	E CARE - Blue Network / I040-029-121069489-01
EMID #	:	784-1995-1819541-9

Photo Not Available

Medical Record details

Complaints

Complaints

PC: FEVER

SORETHROAT

HEADACHE

COUGH

Past / Family / Social History

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

Allergies

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

Vital Signs

Temperature	: 38.2	**BPS**	: 76	**BPD**	:	**Pulse**	: 98	**Height**	: 157 cm	**Weight**	: 77 kg
BMI	: 31.23859 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
28-Aug-2024	AHSAN HUSSAIN	R10.13	Epigastric pain	
28-Aug-2024	AHSAN HUSSAIN	J00	Acute nasopharyngitis [common cold]	
28-Aug-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
PREMOSAN / (METOCLOPRAMIDE : 10 MG) TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2Time(s) perDay For 7 Day(s) before meal	7	14	
XYLOLIN ADULT NASAL SPRAY / (XYLOMETAZOLINE HYDROCHLORIDE : 0.05%) LIQUID FOR SPRAY (NASAL) XYLOMETAZOLINE HYDROCHLORIDE [0.05%] / LIQUID FOR SPRAY (NASAL) (10ML, SPRAY BOTTLE) / Puff	Take 1Puff 3 Time(s) per Day For 5 Day(s) after meal	5	1	
FLUTAB / (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
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	
Artiz / CETIRIZINE HCL 10mg / Tablet / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) evening BEFORE SLEEP	7	7	

Doctor Signature & Stamp :