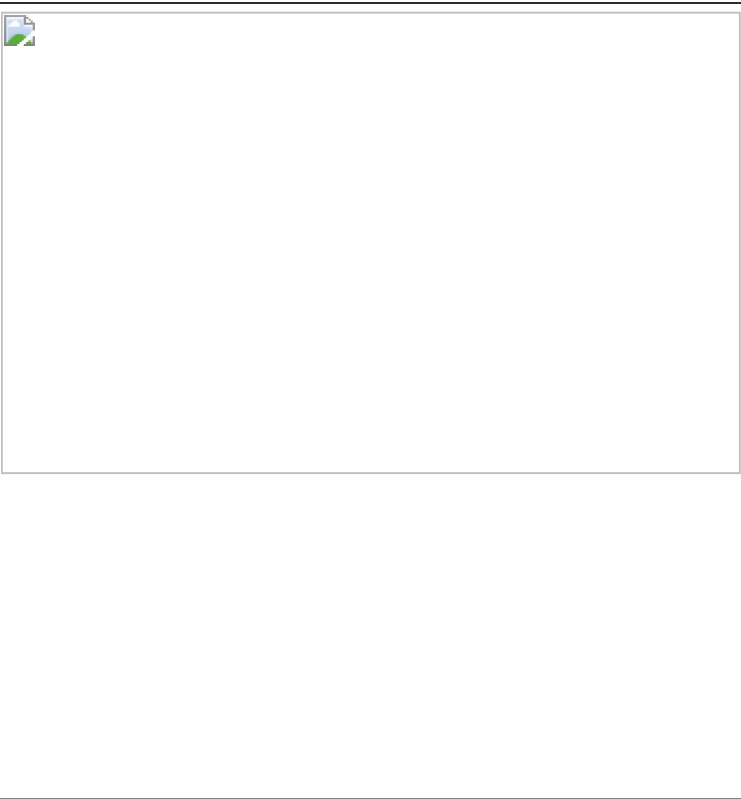




Patient details

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



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 :

