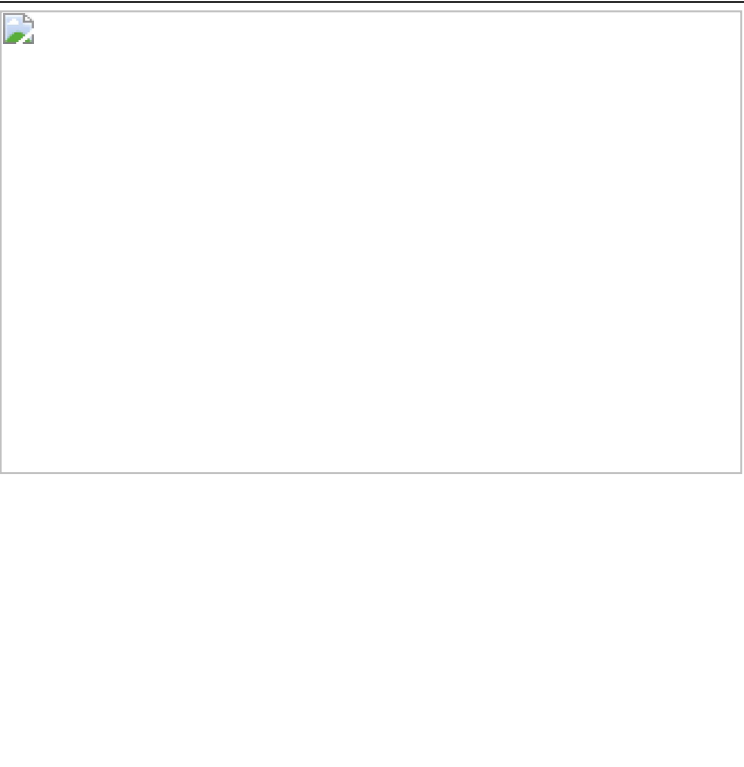




Patient details

|                      |   |                                                      |
|----------------------|---|------------------------------------------------------|
| Date                 | : | 28-Aug-2024 / 10:15AM - 10:30AM                      |
| Doctor               | : | Humaira(General)                                     |
| Reg # / Patient Name | : | 43946 / IBTISSEM BEN SALAH                           |
| Mobile #             | : | 0547111089                                           |
| Gender / DOB/Age     | : | Female / 15-Mar-1992                                 |
| Nationality          | : | Tunisian                                             |
| Insurance / Card#    | : | NEXTCARE CLAIMS MANAGEMENT LLC / 0577-F58B-80A2-7C48 |
| EMID #               | : | 784-1992-8360840-6                                   |



Medical Record details

Complaints

Complaints

history of asthma

Allergies

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

Vital Signs

|                                |                 |             |          |      |       |       |       |        |          |        |         |
|--------------------------------|-----------------|-------------|----------|------|-------|-------|-------|--------|----------|--------|---------|
| Temperature                    | : 39.3          | BPS         | : 72     | BPD  | :     | Pulse | : 118 | Height | : 157 cm | Weight | : 57 kg |
| BMI                            | : 23.12467 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 | Humaira | R11.10   | Vomiting, unspecified                          |       |
| 28-Aug-2024 | Humaira | K29.00   | Acute gastritis without bleeding               |       |
| 28-Aug-2024 | Humaira | R05      | Cough                                          |       |
| 28-Aug-2024 | Humaira | J06.9    | Acute upper respiratory infection, unspecified |       |
| 28-Aug-2024 | Humaira | R50.9    | Fever, unspecified                             |       |

Prescription

| Generic/Dose/Form                                                                                               | Instructions                                        | Duration | Quantity | Refill |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------|----------|--------|
| CEFIX / (CEFIXIME : 400 MG) CAPSULES (HARD GELATIN) ORAL / CAPSULES (HARD GELATIN) (5S, BLISTER PACK) / Capsule | Take 1Capsule 1 Time(s) per Day For 7 Day(s) others | 7        | 7        |        |
| PREMOSAN / (METOCLOPRAMIDE : 10 MG) TABLETS ORAL / TABLETS (1000S, BLISTER PACK) / Tablets                      | Take 1Tablets 3 Time(s) per Day For 5 Day(s) others | 5        | 15       |        |

Doctor Signature & Stamp :

