



Patient details

Date	:	28-Aug-2024 / 11:00AM - 11:15AM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	43957 / FRITZ GABRIEL CABUNGCAL DELE CRUZ
Mobile #	:	0589487837
Gender / DOB/Age	:	Male / 05-May-1996
Nationality	:	Philippine
Insurance / Card#	:	NAS VN / GR9C-1E4C-DCD4-9DEA
EMID #	:	784-1996-2972462-8



Medical Record details

Complaints

co fever on and off cough prulant sorethroat 15th august 2024
oe
tonsills enlarge and redness around the mouth
chest is congested no sdded sounds
restless

Allergies

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

Vital Signs

Temperature : 38 **BPS** : 92 **BPD** : **Pulse** : 112 **Height** : 176 cm **Weight** : 126 kg
BMI : 40.67665 bpm **Respiratory** : 18 bpm **SpO2** : 98% **Hip** : cm **Waist** : cm
Head Circumference : cm
Urinalysis (Protein & Glucose) :
Notes : RISK FOR FALL

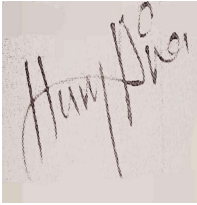
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
28-Aug-2024	Humaira	K29.00	Acute gastritis without bleeding	
28-Aug-2024	Humaira	R05	Cough	
28-Aug-2024	Humaira	J03.90	Acute tonsillitis, unspecified	
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
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	
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN) ORAL / CAPSULES (HARD GELATIN) (14S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
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
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

