Patient details

Date	:	30-Aug-2024 / 6:00PM - 6:15PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	40544 / MOHAMMED SHAHAB UDDIN ABDUL MABUD
Mobile #	:	0581676397
Gender / DOB/Age	:	Male / 08-Mar-1985
Nationality	:	Bangladeshi
Insurance / Card#	:	E CARE - Blue Network / I040-029-119600415-01
EMID #	:	784-1985-3575372-1

Medical Record details

Complaints

Complaints

co running nose dry cough fever on and off 27th august 2024

oe

chest is congested no added sounds

restless

taking tablet penadol at home

has skin allergy taking t. cetrazine 5mg daily from 3 days

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	: 36.8	**BPS**	: 80	**BPD**	:	**Pulse**	: 88	**Height**	: 160 cm	**Weight**	: 75 kg
BMI	: 29.29688 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

Diagnosis

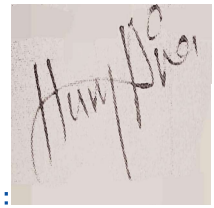
Date	Doctor	ICD Code	Diagnosis	Notes
30-Aug-2024	Humaira	R52	Pain, unspecified	
30-Aug-2024	Humaira	R05	Cough	
30-Aug-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	
30-Aug-2024	Humaira	R50.9	Fever, unspecified	

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	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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	

Doctor Signature & Stamp :



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.