Patient details

Date	:	30-Aug-2024 / 7:00PM - 7:15PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	39240 / EDVIN ALEX ALEX THOMAS
Mobile #	:	0508530810
Gender / DOB/Age	:	Male / 18-Oct-1996
Nationality	:	Indian
Insurance / Card#	:	FMC Standard Network / I019-010-118662882-01
EMID #	:	784-1996-3949146-5

Medical Record details

Complaints

Complaints

co fever on and off pain in throat running nose 27th august 2024

oe

redness in the mouth

chest is clear no added sounds

restless

taking penadol at home

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	: 37.7	**BPS**	: 74	**BPD**	:	**Pulse**	: 100	**Height**	: 176 cm	**Weight**	: 61 kg
BMI	: 19.69267 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

Diagnosis

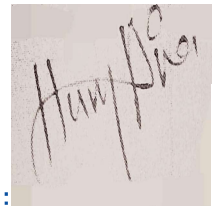
Date	Doctor	ICD Code	Diagnosis	Notes
30-Aug-2024	Humaira	K29.00	Acute gastritis without bleeding	
30-Aug-2024	Humaira	R05	Cough	
30-Aug-2024	Humaira	J03.90	Acute tonsillitis, unspecified	
30-Aug-2024	Humaira	J02.9	Acute pharyngitis, unspecified	
30-Aug-2024	Humaira	R50.9	Fever, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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	
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.