



Patient details

Date	:	01-Sep-2024 / 10:15AM - 10:30AM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	43990 / NOOR ULLAH MUHAMMAD ZAHOOOR
Mobile #	:	0523305458
Gender / DOB/Age	:	Male / 25-Oct-1993
Nationality	:	Pakistani
Insurance / Card#	:	MEDNET GREEN / 097111700264325201
EMID #	:	784-1993-8270799-2



Photo
Not
Available

Medical Record details

Complaints

Complaints

co fever on and off left lumber pain severe dark colour of urine pain in urination 27th august 2024

oe

left lumber pain severe

chest is clear no added sounds

restless

history of right kidney stone 1 year back

left kidney stone 1 year back

lithotripsy done 1 year back now again feeling pain on left side

plan ultrasound abdomen

Vital Signs

Temperature : 36.5 BPS : 102 BPD : Pulse : 65 Height : 0 cm Weight : 63 kg
BMI : ∞ bpm Respiratory : 18 bpm SpO2 : 97% Hip : cm Waist : cm
Head Circumference : cm
Urinalysis (Protein & Glucose) :
Notes :

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
01-Sep-2024	Humaira	R52	Pain, unspecified	
01-Sep-2024	Humaira	N39.0	Urinary tract infection, site not specified	
01-Sep-2024	Humaira	R50.9	Fever, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
VOLFAST / (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION ORAL / POWDER FOR SOLUTION (9S, SACHET) / sachet	Take 1sachet 3 Time(s) per Day For 5	5	15	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
	Day(s) others			
ALKA-CRAN / (TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES ORAL / EFFERVESCENT GRANULES (30 X 4.25G, SACHET) / sachet	Take 1sachet 3 Time(s) per Day For 7 Day(s) others	7	21	
MIRAZOL / (METRONIDAZOLE : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
CIFRAN 500 / (CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (10S, BLISTER) / Tablets	Take 1 Unit(s), 1 Time(s) per Day For 7 Day(s)	7	7	

Doctor Signature & Stamp :


