Patient details

Date	:	05-Sep-2024 / 5:15PM - 5:30PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	39751 / MUHAMMAD SHAHZAD MUHAMMAD MUSHTAQ
Mobile #	:	0561284797
Gender / DOB/Age	:	Male / 24-Dec-1995
Nationality	:	Pakistani
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LL440721
EMID #	:	784-1995-4847137-6

Medical Record details

Complaints

Complaints

Dry cough, Headache, generalized body pains and neck pain with severe weakness.

Duration: 5days.

Also fever

Vital Signs

Temperature	: 37.4	**BPS**	: 80	**BPD**	:	**Pulse**	: 102	**Height**	: 176 cm	**Weight**	: 77.9 kg
BMI	: 25.1485 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 96%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: risk for fall										

Diagnosis

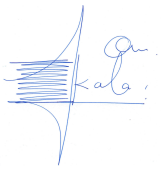
Date	Doctor	ICD Code	Diagnosis	Notes
05-Sep-2024	Enomen Goodluck	K29.00	Acute gastritis without bleeding	
05-Sep-2024	Enomen Goodluck	R06.7	Sneezing	
05-Sep-2024	Enomen Goodluck	M79.10	Myalgia, unspecified site	
05-Sep-2024	Enomen Goodluck	R50.9	Fever, unspecified	
05-Sep-2024	Enomen Goodluck	R05	Cough	
05-Sep-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 10 Day(s) after meal	10	10	
PANADOL ADVANCE / (PARACETAMOL : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (24S, BLISTER PACK) / Tablets	Take 1Tablets 3Time(s) perDay For 7 Day(s) after meal	7	21	
PANTOLOC 20MG / (PANTOPRAZOLE (AS SODIUM) : 20 MG) ENTERIC COATED TABLETS ORAL / ENTERIC COATED TABLETS (15S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) before meal	7	14	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
VOLTFAST / (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION ORAL / POWDER FOR SOLUTION (30S, SACHET) / sachet	Take 2sachet 2 Time(s) per Day For 5 Day(s) after meal	5	20	
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP ORAL / SYRUP (200ML, BOTTLE) / ML	Take 10ML 7 Time(s) per Day For 3 Day(s) after meal	3	1	

Doctor Signature & Stamp :



Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.