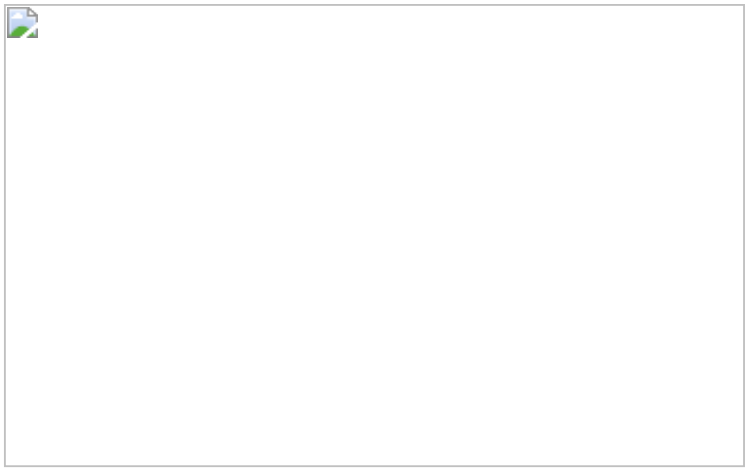
Patient details

Date	:	10-Sep-2024 / 10:45AM - 11:00AM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	44105 / ALI ISMAIL ABBOUD
Mobile #	:	0506011301
Gender / DOB/Age	:	Male / 15-Jan-1989
Nationality	:	Lebanese
Insurance / Card#	:	E CARE - Green Network / I022-029-120838063-01
EMID #	:	784-1989-1266797-3



Medical Record details

Complaints

Complaints

co fever on and off running nose cough prulant 3rd sep. 2024

oe

chest is wheezing

restless smoker alcohol

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	: 36.9	**BPS**	: 85	**BPD**	:	**Pulse**	: 87	**Height**	: 178 cm	**Weight**	: 85 kg
BMI	: 26.82742 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: risk for fall										

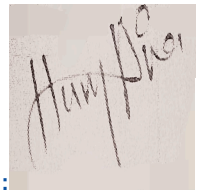
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
10-Sep-2024	Humaira	K29.00	Acute gastritis without bleeding	
10-Sep-2024	Humaira	R05	Cough	
10-Sep-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	
10-Sep-2024	Humaira	R50.9	Fever, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
EXYLIN / (AMMONIUM CHLORIDE : N/A) (MENTHOL : N/A) (DIPHENHYDRAMINE : 14 MG/5 ML) SYRUP ORAL / SYRUP (100ML, BOTTLE) / Syrup	Take 10ML 3 Time(s) per Day For 7 Day(s) others	1	1	
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN) ORAL / CAPSULES (HARD GELATIN) (14S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
GUPISONE 5MG / (PREDNISOLONE : 5 MG) TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
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	
MACROMAX 500 / (AZITHROMYCIN : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (3S, BLISTER) / 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.