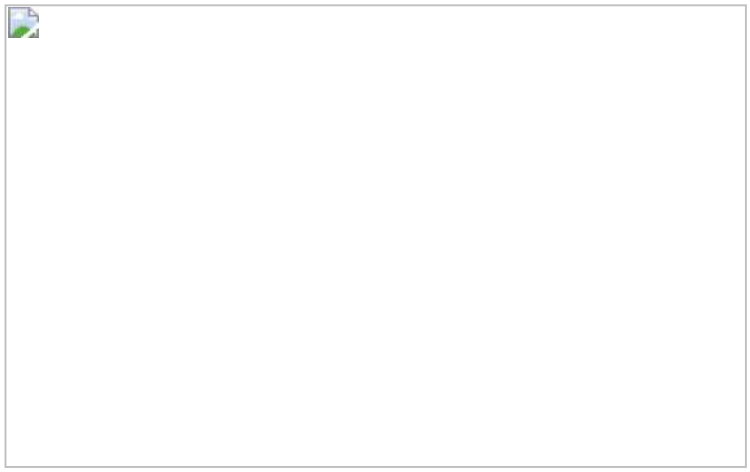
Patient details

Date	:	11-Sep-2024 / 11:30AM - 11:45AM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	44122 / RANA MUHAMMAD ABID RIZWAN MUHAMMAD RAMZAN
Mobile #	:	0509212820
Gender / DOB/Age	:	Male / 10-Oct-1986
Nationality	:	Pakistani
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / I007-037-119491020-01
EMID #	:	784-1986-9613595-7



Medical Record details

Complaints

Complaints

co fever on and off taking medicine at home neubrol fort dry cough runnning nose 4th sep. 2024

oe

enlarge tonsills

chest is congested no added sounds

restless

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**	: 83	**BPD**	:	**Pulse**	: 83	**Height**	: 182 cm	**Weight**	: 90 kg
BMI	: 27.17063 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: risk for fall										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
11-Sep-2024	Humaira	K29.00	Acute gastritis without bleeding	
11-Sep-2024	Humaira	R05	Cough	
11-Sep-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	
11-Sep-2024	Humaira	J03.90	Acute tonsillitis, unspecified	
11-Sep-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) others	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	
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 10 Day(s) others	10	10	

Doctor Signature & Stamp :