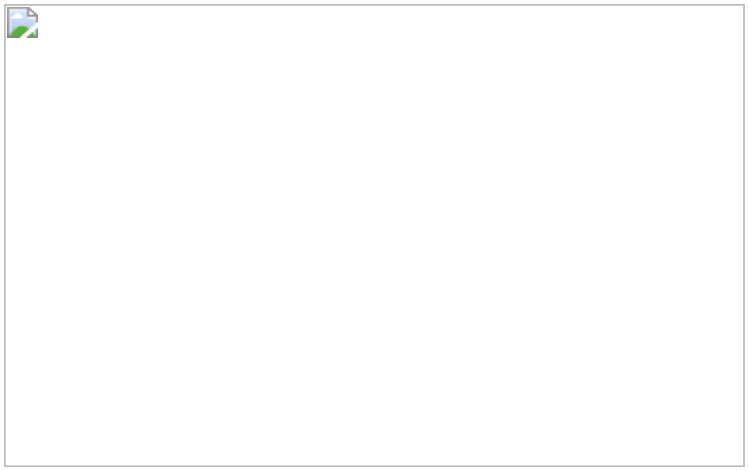
Patient details

Date	:	19-Sep-2024 / 10:30AM - 10:45AM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	44243 / SAILAJA ALANGADAN VASU ALANGADAN
Mobile #	:	0508356517
Gender / DOB/Age	:	Female / 27-Mar-1970
Nationality	:	Indian
Insurance / Card#	:	NEXTCARE -OP PCP / 81CC-D46D-BC76-66B7
EMID #	:	784-1970-6444691-3



Medical Record details

Complaints

Complaints

co fever on and off dry cough wake in the mid night 14th sep. 2024

oe

chest is wheezing

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	: 37.3	**BPS**	: 98	**BPD**	:	**Pulse**	: 87	**Height**	: 151 cm	**Weight**	: 54 kg
BMI	: 23.68317 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 96%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK OF FALL										

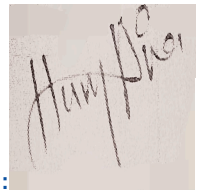
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
19-Sep-2024	Humaira	T78.40XD	Allergy, unspecified, subsequent encounter	
19-Sep-2024	Humaira	K29.00	Acute gastritis without bleeding	
19-Sep-2024	Humaira	R05	Cough	
19-Sep-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	
19-Sep-2024	Humaira	R50.9	Fever, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE) ORAL / SYRUP (SUGAR FREE) (120ML, BOTTLE) / Syrup	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	1	1	
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	
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	
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	10	10	

Doctor Signature & Stamp :



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.