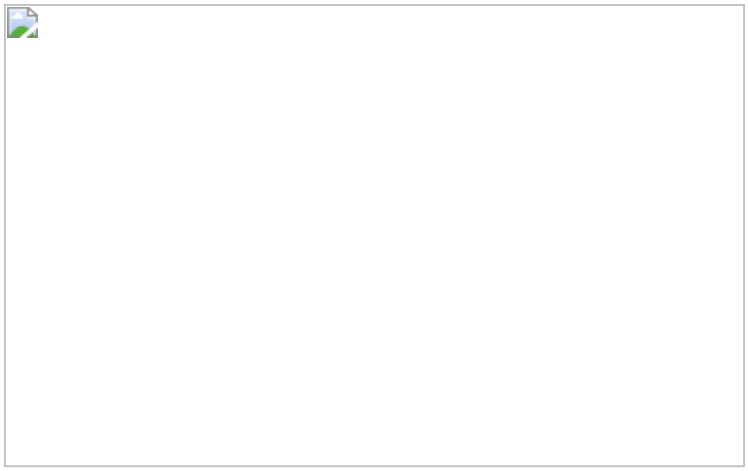
Patient details

Date	:	19-Sep-2024 / 12:00PM - 12:30PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	44244 / FANTA MEBOR
Mobile #	:	0522288025
Gender / DOB/Age	:	Female / 10-Mar-1997
Nationality	:	Sierra Leonean
Insurance / Card#	:	E CARE - Blue Network / I005-029-118842223-01
EMID #	:	784-1997-2422008-4



Medical Record details

Complaints

Complaints

co watery discharge from the vagina fever on and off productive cough headache nasal blockage13th sep. 2024

oe

enlarge tonsills

chest is congested no added sounds

restless

smoker

Allergies

Allergy Type	Allergy Severity	Allergies	Allergy For	Physical Examination
		No Known Allergies	Unknown	

Vital Signs

Temperature	: 37	**BPS**	: 86	**BPD**	:	**Pulse**	: 86	**Height**	: 178 cm	**Weight**	: 78.8 kg
BMI	: 24.8706 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 96%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: risk of fall										

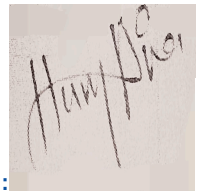
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
19-Sep-2024	Humaira	N89.9	Noninflammatory disorder of vagina, unspecified	
19-Sep-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
19-Sep-2024	Humaira	K29.00	Acute gastritis without bleeding	
19-Sep-2024	Humaira	R05	Cough	
19-Sep-2024	Humaira	R50.9	Fever, unspecified	
19-Sep-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
CANESTEN / (CLOTRIMAZOLE : 100 MG) VAGINAL TABLETS VAGINAL / VAGINAL TABLETS (6S, BOX) / Tablets	Take 1Tablets 1Time(s) perDay For 7 Day(s) others	7	7	
AMYDRAMINE EXPECTORANT / (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE) DIPHENHYDRAMINE [12.5 MG/5ML] / SYRUP (SUGAR FREE) (120ML, BOTTLE) / Syrup	Take10ml 3 times in a day	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	
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	10	10	

Doctor Signature & Stamp :



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