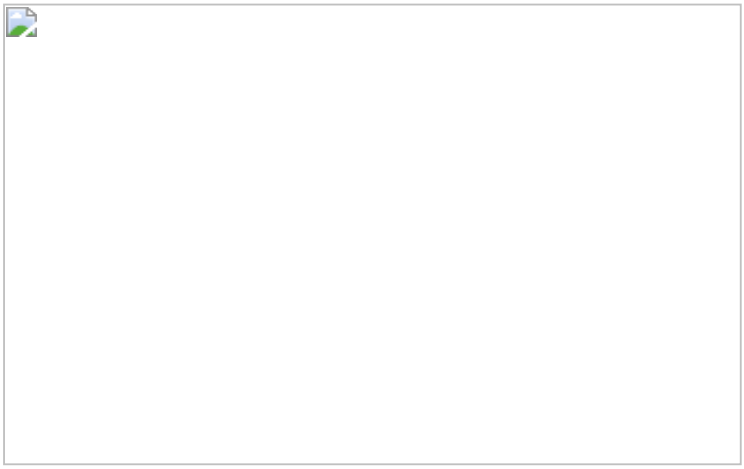
Patient details

Date	:	27-Sep-2024 / 9:00AM - 9:15AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44329 / ANCY ANNA PHILIPOSE PHILIPOSE IDICULLA
Mobile #	:	0503413891
Gender / DOB/Age	:	Female / 13-Apr-2000
Nationality	:	Indian
Insurance / Card#	:	E CARE - Blue Network / I005-029-119704079-01
EMID #	:	784-2000-8985116-4



Medical Record details

Complaints

Complaints

PC: FEVER

FLU

COUGH

SORETHROAT

BODY PAIN

EPIGASTRIC PAIN

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
		allergy to seafood	Other	LEVOFLOXACIN

Vital Signs

Temperature	: 36.7	**BPS**	: 64	**BPD**	:	**Pulse**	: 91	**Height**	: 159 cm	**Weight**	: 46.5 kg
BMI	: 18.39326 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK OF FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
27-Sep-2024	AHSAN HUSSAIN	M54.5	Low back pain	
27-Sep-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without esophagitis	
27-Sep-2024	AHSAN HUSSAIN	R05	Cough	
27-Sep-2024	AHSAN HUSSAIN	J00	Acute nasopharyngitis [common cold]	
27-Sep-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP ORAL / SYRUP (200ML, BOTTLE) / Syrup	Take 1Syrup 2 Time(s) per Day For 7 Day(s) others	7	1	
FLUTAB / (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS ORAL / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2Time(s) perDay For 7 Day(s) after meal	7	14	
Artiz / CETIRIZINE HCL 10mg / Tablet / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others BEFORE SLEEP	5	5	

Doctor Signature & Stamp :