



Patient details

Date	:	29-Sep-2024 / 9:00AM - 9:15AM		
Doctor	:	Enomen Goodluck(General)		
Reg # / Patient Name	:	41356 / SHALIKA MADUWANTHI KULAWANSHA KARUNA PELIGE		
Mobile #	:	0561360824		
Gender / DOB/Age	:	Female / 20-Feb-1996		
Nationality	:	Sri Lankan		
Insurance / Card#	:	E CARE - Blue Network / I040-029-119668661-01		
EMID #	:	784-1996-3368433-9		

Medical Record details

Complaints

Complaints
PC: Pain in throat, fever, nausea, vomiting, headache.
Duration: 3days,
Exam: Markedly inflamed tonsils with purulent exudates.

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 : 38.3 BPS : 72 BPD : Pulse : 116 Height : 148 cm Weight : 65 kg
BMI : 29.67495 bpm Respiratory : 18 bpm SpO2 : 99% Hip : cm Waist : cm
Head Circumference : cm
Urinalysis (Protein & Glucose) :
Notes : RISK FOR FALL

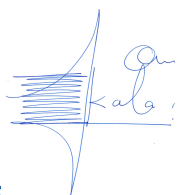
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
29-Sep-2024	Enomen Goodluck	I95.9	Hypotension, unspecified	
29-Sep-2024	Enomen Goodluck	R50.9	Fever, unspecified	
29-Sep-2024	Enomen Goodluck	K29.00	Acute gastritis without bleeding	
29-Sep-2024	Enomen Goodluck	J03.90	Acute tonsillitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GUPISONE / (PREDNISOLONE : 5 MG) TABLETS PREDNISOLONE [5 MG] / TABLETS (20S, BLISTER PACK) / Tablets	Take 2Tablets 1 Time(s) per Day For 5 Day(s) others	5	10	
BETADINE THROAT SPRAY / (POVIDONE IODINE : 0.45%) SPRAY SOLUTION LOCAL ORAL / SPRAY SOLUTION (50ML, BOTTLE) / Spray	Take 1Spray 3 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 10 Day(s) after meal	10	20	
MAXIGESIC / (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (16S, BLISTER) / Tablets	Take 2Tablets 2 Time(s) per Day For 4 Day(s) after meal	4	16	
AUGMENTIN 625MG / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal	10	20	

Doctor Signature & Stamp :



Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

