Patient | 44357 | HTET MOE WAI | 784-1995-6133145-7 | Repeat | 29 | Female
Myanmarese | M | NAS VN - QATAR INSURANCE COMPANY - Default Scheme (99999)
Medical History (patient_history.aspx?patId=54394) | Billing History (patient_accounts.aspx?patId=54394)

Appointment | Visit ID 53287 | 01-Oct-2024 | Humaira - General - DHA-P-54155530
MRN Activities(Log) | Insurance Cards | EMID Card

Vitals Alert This Patient has Vitals for Temp: 38.2°C, Pulse: 87bpm, BP: 103mmHg, Height: 164cm, Weight: 71kg, BMI 26.4(Obese), Blood Sugar

DHA Requirment : Mandotory t

Start Time | Nurse Station | Doctor Evaluation | Orthopedic Case Assessment | Diagnosis | Treatments/Procedures | Packages | Prescription | Reimbursement Forms | Documents | Progress Notes | Addendum | NAS REIMB Claim FORM | NAS PRESCRIPTION Claim FORM | NAS FORM | NAS ADVICE FORM | Other Forms | Sick Leave | End Time | Visit Summary Sheet | Nabidh Clinical Docs | Audit Log | Radiology | Laboratory | Health Declaration | Signed Documents | Image Comparison

☐Present:# Enter Text

TRAUMA:

☐None ☐Yes(teeth Involved) Enter Text

Diagnosis

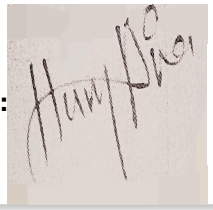
Date	Doctor	ICD Code	Diagnosis
01-Oct-2024	Humaira	K29.00	Acute gastritis without bleeding
01-Oct-2024	Humaira	J30.9	Allergic rhinitis, unspecified
01-Oct-2024	Humaira	R50.9	Fever, unspecified
01-Oct-2024	Humaira	R05	Cough
01-Oct-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified

Prescription

Generic/Dose/Form	Instructions	Durat
AMYDRAMINE EXPECTORANT / (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE) DIPHENHYDRAMINE [12.5 MG/5ML] / SYRUP	Take 10ML 3 Time(s) per Day For 7 Day(s)	1

(SUGAR FREE) (120ML, BOTTLE) / Syrup	others	
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN) ORAL / CAPSULES (HARD GELATIN) (14S, BLISTER) / Capsule	Take 1Capsule 2Time(s) perDay For 7 Day(s) others	7
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
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
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets at night	5

Doctor Signature & Stamp :



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

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