



#### Patient details

|                      |   |                                                                   |  |  |
|----------------------|---|-------------------------------------------------------------------|--|--|
| Date                 | : | 03-Oct-2024 / 10:30AM - 10:45AM                                   |  |  |
| Doctor               | : | Humaira(General)                                                  |  |  |
| Reg # / Patient Name | : | 36087 / Attiq Ur Rehman Lais Khan                                 |  |  |
| Mobile #             | : | 0556102843                                                        |  |  |
| Gender / DOB/Age     | : | Male / 07-Mar-1982                                                |  |  |
| Nationality          | : | Pakistani                                                         |  |  |
| Insurance / Card#    | : | KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LL523893 |  |  |
| EMID #               | : | 784-1982-6281580-0                                                |  |  |

#### Medical Record details

#### Complaints

|                                                         |
|---------------------------------------------------------|
| Complaints                                              |
| co fever on and off dark colour of urine 14th sep. 2024 |
| oe                                                      |
| chest is clear no added sounds                          |
| restless                                                |
| smoker                                                  |

#### 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 BPS : 68 BPD : Pulse : 68 Height : 166 cm Weight : 80 kg

BMI : 29.03179 bpm      Respiratory : 18 bpm      SpO2 : 98%      Hip : cm      Waist : cm  
Head Circumference : cm  
Urinalysis (Protein & Glucose) :  
Notes : RISK FOR FALL

Diagnosis

| Date        | Doctor  | ICD Code | Diagnosis                                   | Notes |
|-------------|---------|----------|---------------------------------------------|-------|
| 03-Oct-2024 | Humaira | R52      | Pain, unspecified                           |       |
| 03-Oct-2024 | Humaira | R50.9    | Fever, unspecified                          |       |
| 03-Oct-2024 | Humaira | N39.0    | Urinary tract infection, site not specified |       |

Prescription

| Generic/Dose/Form                                                                                                                                                                                                                                     | Instructions                                        | Duration | Quantity | Refill |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------|----------|--------|
| ALKA-CRAN / (TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES ORAL / EFFERVESCENT GRANULES (30 X 4.25G, SACHET) / sachet | Take 1sachet 3 Time(s) per Day For 7 Day(s) others  | 7        | 21       |        |
| 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        | 12       |        |
| MIRAZOL / (METRONIDAZOLE : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets                                                                                                                                       | Take 1Tablets 2 Time(s) per Day For 7 Day(s) others | 7        | 14       |        |
| CIPROMAX / (CIPROFLOXACIN : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets                                                                                                                                      | Take 1Tablets 1 Time(s) per Day For 7 Day(s) others | 7        | 7        |        |

Doctor Signature & Stamp :

