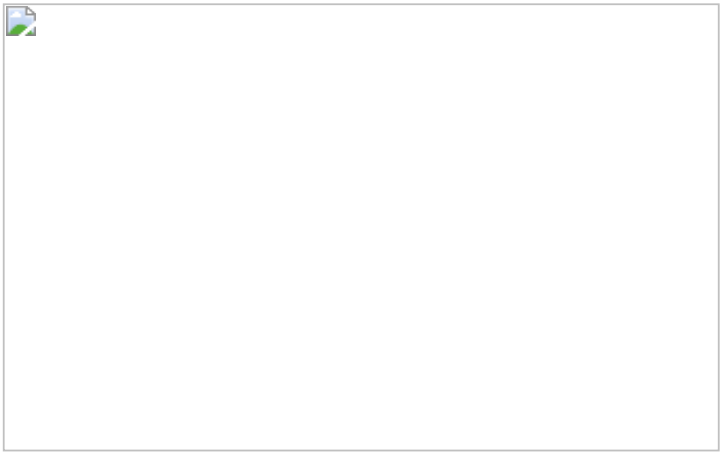
Patient details

Date	:	10-Oct-2024 / 3:00AM - 3:15AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44463 / Ferdie Lou Damasing Ligtas
Mobile #	:	0562201611
Gender / DOB/Age	:	Female / 24-Aug-1990
Nationality	:	Philippine
Insurance / Card#	:	AL MADALLAH RN2 / 784-1990-5829830-0
EMID #	:	784-1990-5829830-0



Medical Record details

Complaints

Complaints

PC: ASTHMATIC KNOWN

PSORIASIS

FUNGAL INFECTION

LOW BACK PAIN

STOM,ACH PAIN

HERPES INFECTION

Allergies

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

Vital Signs

Temperature	: 36.5	**BPS**	: 94	**BPD**	:	**Pulse**	: 92	**Height**	: 152 cm	**Weight**	: 52 kg
BMI	: 22.50693 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
10-Oct-2024	AHSAN HUSSAIN	B00.9	Herpesviral infection, unspecified	
10-Oct-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without esophagitis	
10-Oct-2024	AHSAN HUSSAIN	M54.5	Low back pain	

Date	Doctor	ICD Code	Diagnosis	Notes
10-Oct-2024	AHSAN HUSSAIN	J45.20	Mild intermittent asthma, uncomplicated	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	9	Consultation GP	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ZOVIRAX 5% / (ACYCLOVIR : 5%) CREAM ACYCLOVIR [5%] / CREAM (2G , PUMP PACK) / Cream	Take 1Cream 2 Time(s) per Day For 30 Day(s) others	30	2	
ZOVIRAX 200MG / (ACYCLOVIR : 200 MG) TABLETS ACYCLOVIR [200 MG] / TABLETS (25S, BLISTER PACK) / Tablets	Take 1Tablets 3 Time(s) per Day For 14 Day(s) others	14	42	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 14 Day(s) others	14	14	
DAIVOBET / (CALCIPOTRIOL : 50 MCG/G) (BETAMETHASONE (AS DIPROPIONATE) : 0.5 MG/G) GEL CALCIPOTRIOL/BETAMETHASONE (AS DIPROPIONATE) [50 MCG/G|0.5 MG/G] / GEL (60G, HDPE BOTTLE) / Cream	Take 1Cream 2 Time(s) per Day For 60 Day(s) others	60	2	
PANTOZOLPANTOZOL 40MG / (PANTOPRAZOLE (AS SODIUM) : 40 MG) GASTRO-RESISTANT TABLETS PANTOPRAZOLE (AS SODIUM) [40 MG] / GASTRO-RESISTANT TABLETS (15S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others	30	30	
ITAMI / (DICLOFENAC SODIUM : 140 MG) PLASTER DICLOFENAC SODIUM [140 MG] / PLASTER (5 (14CM X 10CM), PACK) / Units	Take 1Units 2 Time(s) per Day For 30 Day(s) others	30	60	
VOLTFAST / (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION DICLOFENAC POTASSIUM [50 MG] / POWDER FOR SOLUTION (30S, SACHET) / Powder	Take 1Powder 3 Time(s) per Day For 30 Day(s) others	30	90	
FLUTIFORM / (FLUTICASONE PROPIONATE : 125 MCG/DOSE) (FORMOTEROL FUMARATE : 5MCG/DOSE) AEROSOL INHALER FLUTICASONE PROPIONATE/FORMOTEROL FUMARATE [125 MCG/DOSE|5MCG/DOSE] / AEROSOL INHALER (120 DOSE, METERED DOSE INHALER) / Puff	Take 1Puff 2 Time(s) per Day For 60 Day(s) others	60	2	
PULMICORT / (BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION BUDESONIDE [0.5 MG/ML] / SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT) / Solution	Take 1Solution 2 Time(s) per Day For 30 Day(s) others	30	60	

Doctor Signature & Stamp :