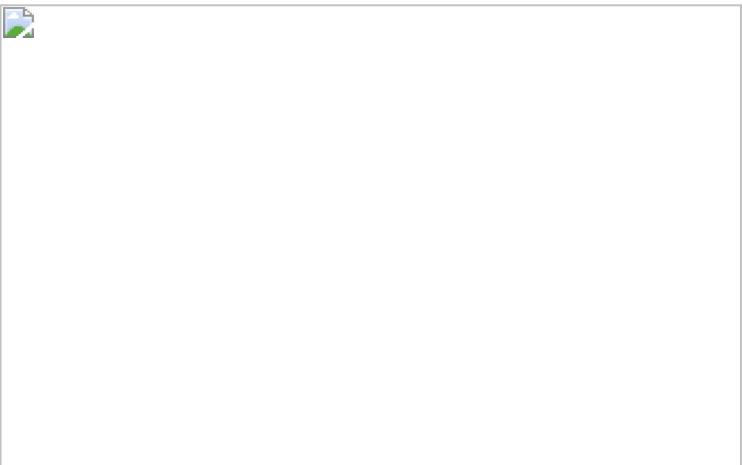




Patient details

Date	:	10-Oct-2024 / 4:45PM - 5:00PM		
Doctor	:	Humaira(General)		
Reg # / Patient Name	:	40151 / HARSHITA RAJENDRA SHETYE RAJENDRA JAYANT SHETYE		
Mobile #	:	0528155228		
Gender / DOB/Age	:	Female / 01-Jan-2002		
Nationality	:	Indian		
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-118462023-01		
EMID #	:	784-2002-8557796-9		

Medical Record details

Complaints**Complaints**

co wrist joint swelling pain accidentally twisting the hand left hand 6th oct 2024

oe

chest is clear no added sounds

restless

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 : 36.8 **BPS** : 76 **BPD** : **Pulse** : 72 **Height** : 154 cm **Weight** : 63 kg
BMI : 26.56434 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
10-Oct-2024	Humaira	M62.838	Other muscle spasm	
10-Oct-2024	Humaira	M25.539	Pain in unspecified wrist	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
VOLTFAST / (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION DICLOFENAC POTASSIUM [50 MG] / POWDER FOR SOLUTION (9S, SACHET) / sachet	Take 1sachet 2 Time(s) per Day For 5 Day(s) others	5	10	
VOLTAREN EMULGEL 12 HOURS / (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL DICLOFENAC DIETHYLAMINE [23.2 MG / G] / GEL (100G, TUBE) / Gel	Take 1Gel 1Time(s) perDay For 1 Day(s) others	1	1	
MYDOCALM / (TOLPERISONE : 150 MG) SUGAR COATED TABLETS TOLPERISONE [150 MG] / SUGAR COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	

Doctor Signature & Stamp :

