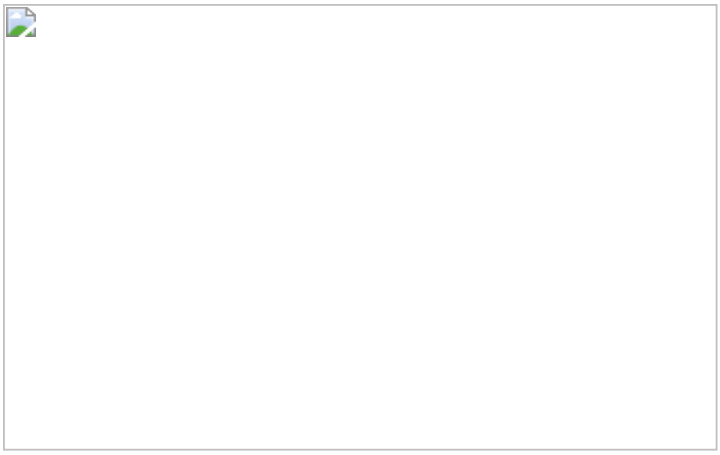
Patient details

Date	:	10-Oct-2024 / 8:45PM - 9:00PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	38691 / ISAIAH JERONE PESCADOR ELIZARIO
Mobile #	:	0522363835
Gender / DOB/Age	:	Male / 12-Sep-2015
Nationality	:	Philippine
Insurance / Card#	:	NGI-HNP / I038-000-112964322-01
EMID #	:	784-2015-8146371-4



Medical Record details

Complaints

Complaints

PC: Fever, pain in throat, nasal congestion and nasal discharge and headache.

Duration: 2days

ENT: markedly inflamed and hypertrophied tonsils.

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	: 39.4	**BPS**	: 0	**BPD**	:	**Pulse**	: 98	**Height**	: 142 cm	**Weight**	: 39 kg
BMI	: 19.3414 bpm	**Respiratory**	: 22 bpm	**SpO2**	: 96%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	: cm										
Urinalysis (Protein & Glucose)	:										
Notes	: RISK OF FALL										

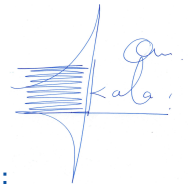
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
10-Oct-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
10-Oct-2024	Enomen Goodluck	R09.81	Nasal congestion	
10-Oct-2024	Enomen Goodluck	R50.9	Fever, unspecified	
10-Oct-2024	Enomen Goodluck	J03.90	Acute tonsillitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
VOLTAREN / (DICLOFENAC SODIUM : 25 MG) RECTAL SUPPOSITORIES DICLOFENAC SODIUM [25 MG] / RECTAL SUPPOSITORIES (10S, BLISTER PACK) / Suppository	Take 1Suppository 1Time(s) perDay For 3 Day(s) evening	3	3	
OTRIVIN 0.05% (CHILDREN) / (XYLOMETAZOLINE HYDROCHLORIDE : 0.05%) LIQUID FOR SPRAY (NASAL) XYLOMETAZOLINE HYDROCHLORIDE [0.05%] / LIQUID FOR SPRAY (NASAL) (10ML, SPRAY BOTTLE) / Drops	Take 2Drops 3 Time(s) per Day For 5 Day(s) others	5	1	
GUPISONE 15 MG/5ML / (PREDNISOLONE (SODIUM PHOSPHATE) : 15MG/5ML) SOLUTION PREDNISOLONE (SODIUM PHOSPHATE) [15MG/5ML] / SOLUTION (120ML, BOTTLE) / ML	Take 5ML 1 Time(s) per Day For 5 Day(s) after meal	5	1	
FLUDREX / (CHLORPHENIRAMINE : 0.75 MG/5 ML) (PARACETAMOL : 120 MG/5ML) (PSEUDOEPHEDRINE : 15 MG/5ML) SYRUP CHLORPHENIRAMINE/PARACETAMOL/PSEUDOEPHEDRINE [0.75 MG/5 ML|120 MG/5ML|15 MG/5ML] / SYRUP (120ML, BOTTLE) / ML	Take 7.5ML 2 Time(s) per Day For 10 Day(s) after meal	10	1	
ZYRTEC / (CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL) CETIRIZINE HCL [1 MG/ML] / SOLUTION (ORAL) (75ML, BOTTLE) / ML	Take 7.5ML 1 Time(s) per Day For 10 Day(s) after meal	10	1	
IBULIFE / (IBUPROFEN : 100 MG/5ML) SUSPENSION IBUPROFEN [100 MG/5ML] / SUSPENSION (110ML, BOTTLE) / ML	Take 7.5ML 2 Time(s) per Day For 3 Day(s) after meal	3	1	
MACROMAX 250 / (AZITHROMYCIN : 250 MG) FILM COATED TABLETS AZITHROMYCIN [250 MG] / FILM COATED TABLETS (6S, BLISTER) / Tablets	Take 1Tablets 1Time(s) perDay For 5 Day(s) after meal	5	5	

Doctor Signature & Stamp :



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