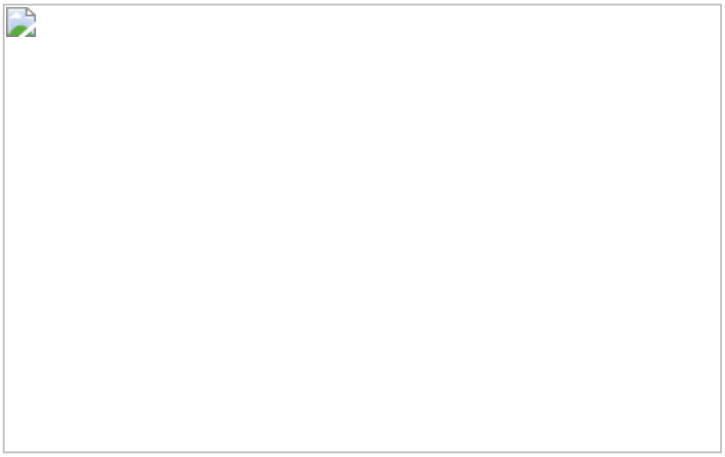
Patient details

Date	:	13-Oct-2024 / 3:30PM - 3:45PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	39385 / YAKUWA SARU MAGAR
Mobile #	:	0529099626
Gender / DOB/Age	:	Male / 11-Nov-1995
Nationality	:	Nepalese
Insurance / Card#	:	FMC Standard Network / I019-010-119026412-01
EMID #	:	784-1995-6135536-5



Medical Record details

Complaints

Complaints

co fever on and off taking tablet at home dry cough 7thoct 2024

oe

chest is wheezing

restless can not sleep properly

Diagnosis

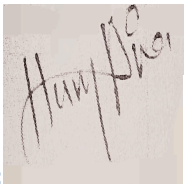
Date	Doctor	ICD Code	Diagnosis	Notes
13-Oct-2024	Humaira	R05	Cough	
13-Oct-2024	Humaira	K29.00	Acute gastritis without bleeding	
13-Oct-2024	Humaira	R50.9	Fever, unspecified	
13-Oct-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
13-Oct-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
STOPKOF (ALCOHOL FREE) / (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE) AMMONIUM CHLORIDE/DIPHENHYDRAMINE HCL [131.5 MG/5 ML|13.5 MG/5ML] / SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE) / Syrup	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	1	1	
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN) ESOMEPRAZOLE (AS MAGNESIUM) [20 MG] / CAPSULES (HARD GELATIN) (14S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
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	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GUPISONE 5MG / (PREDNISOLONE : 5 MG) TABLETS PREDNISOLONE [5 MG] / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets at night	10	10	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1 Unit(s), 2 Time(s) per Day For 7 Day(s)	7	1	

Doctor Signature & Stamp :



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