Patient details

Date	:	14-Oct-2024 / 9:00AM - 9:30AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44520 / Richard Ruhimbaza
Mobile #	:	0547432954
Gender / DOB/Age	:	Male / 16-Mar-1993
Nationality	:	Rwandan
Insurance / Card#	:	FMC Standard Network / I019-010-120688121-01
EMID #	:	784-1993-2349359-5

Medical Record details

Complaints

Complaints

pc: fever

headache

body pain

sore throat

cough

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**	: 84	**BPD**	:	**Pulse**	: 92	**Height**	: 183 cm	**Weight**	: 82 kg
BMI	: 24.48565 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
14-Oct-2024	AHSAN HUSSAIN	J20.9	Acute bronchitis, unspecified	
14-Oct-2024	AHSAN HUSSAIN	R05	Cough	
14-Oct-2024	AHSAN HUSSAIN	R10.13	Epigastric pain	
14-Oct-2024	AHSAN HUSSAIN	M54.5	Low back pain	
14-Oct-2024	AHSAN HUSSAIN	J00	Acute nasopharyngitis [common cold]	
14-Oct-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
FLUTAB / (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS DIPHENHYDRAMINE/PARACETAMOL/PSEUDOEPHEDRINE [25 MG|500 MG|30 MG] / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1Time(s) perDay For 5 Day(s) evening	5	5	

Doctor Signature & Stamp :