Patient details

Date	:	14-Oct-2024 / 1:00PM - 1:15PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	32334 / ISLAM MAKRAM KAMEL MOUSTAFA
Mobile #	:	0524126872
Gender / DOB/Age	:	Male / 12-Jul-1988
Nationality	:	Egyptian
Insurance / Card#	:	E CARE - Blue Network / I022-029-121363635-01
EMID #	:	784-1988-0217371-0

Photo Not Available

Medical Record details

Complaints

Complaints

co fever on and off taking penadol at home dry cough nasal blockage ear pain left side 11th oct 2024

oe

smoker

chest is congested no addded sounds smal laceration beside the membrane

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 : 36.7 **BPS** : 72 **BPD** : **Pulse** : 92 **Height** : 171 cm **Weight** : 90 kg

BMI : 30.7787 bpm **Respiratory** : 18 bpm **SpO2** : 98% **Hip** : cm **Waist** : cm

Head Circumference : cm

Urinalysis (Protein & Glucose) :

Notes : RISK FOR FALL

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
14-Oct-2024	Humaira	K29.00	Acute gastritis without bleeding	
14-Oct-2024	Humaira	R05	Cough	
14-Oct-2024	Humaira	R50.9	Fever, unspecified	
14-Oct-2024	Humaira	H66.92	Otitis media, unspecified, left ear	
14-Oct-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
14-Oct-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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	
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	
GUPISONE 5MG / (PREDNISOLONE : 5 MG) TABLETS PREDNISOLONE [5 MG] / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	
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	
MACROMAX 500 / (AZITHROMYCIN : 500 MG) FILM COATED TABLETS AZITHROMYCIN [500 MG] / FILM COATED TABLETS (3S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
HICET 5MG / (LEVOCETIRIZINE (DIHCL OR HCL) : 5 MG) FILM COATED TABLETS LEVOCETIRIZINE (DIHCL OR HCL) [5 MG] / FILM COATED TABLETS (10S, BLISTER) / Tablets	Take 1Tablets at night	5	5	

Doctor Signature & Stamp :