Patient details

Date	:	15-Oct-2024 / 9:45AM - 10:00AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	41032 / ARWA ALI MUHAMMAD ALI FAROOQ
Mobile #	:	971551687187
Gender / DOB/Age	:	Female / 07-Aug-2019
Nationality	:	Pakistani
Insurance / Card#	:	NEXTCARE CLAIMS MANAGEMENT LLC / D867-9659-C854-85E5
EMID #	:	784-2019-2850764-5

Medical Record details

Complaints

Complaints

pc: fever

flu

cold

allergic rhinitis

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	: 37.8	**BPS**	: 00	**BPD**	:	**Pulse**	: 90	**Height**	: 104 cm	**Weight**	: 15.3 kg
BMI	: 14.14571 bpm	**Respiratory**	: 24 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
15-Oct-2024	AHSAN HUSSAIN	R05	Cough	
15-Oct-2024	AHSAN HUSSAIN	R50.9	Fever, unspecified	
15-Oct-2024	AHSAN HUSSAIN	H66.003	Acute suppr otitis media w/o spon rupt ear drum, bilateral	
15-Oct-2024	AHSAN HUSSAIN	J02.9	Acute pharyngitis, unspecified	
15-Oct-2024	AHSAN HUSSAIN	J18.0	Bronchopneumonia, unspecified organism	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
AUGMENTIN 228MG/5ML / (CLAVULANIC ACID : 28.5 MG/5 ML) (AMOXICILLIN : 200 MG/5ML) POWDER FOR SYRUP CLAVULANIC ACID/AMOXICILLIN [28.5 MG/5 ML|200 MG/5ML] / POWDER FOR SYRUP (70ML, BOTTLE) / Syrup	Take 5 ml Syrup 1Time(s) perDay For 5 Day(s) others	5	1	
ADOL / (PARACETAMOL : 120 MG/5ML) SYRUP PARACETAMOL [120 MG/5ML] / SYRUP (60ML , BOTTLE) / Syrup	Take 5 ml Syrup 2Time(s) perDay For 5 Day(s) others	5	1	
AMBROXON 30MG/5ML / (AMBROXOL HCL : 30 MG/5ML) SYRUP (SUGAR FREE) AMBROXOL HCL [30 MG/5ML] / SYRUP (SUGAR FREE) (100ML, GLASS BOTTLE) / Syrup	Take 3 ml Syrup 2Time(s) perDay For 5 Day(s) others	5	1	
CHLOROHISTOL / (CHLORPHENIRAMINE MALEATE : 2 MG/5ML) SYRUP CHLORPHENIRAMINE MALEATE [2 MG/5ML] / SYRUP (100ML, GLASS BOTTLE) / Syrup	Take 3 ml Syrup 1Time(s) perDay For 5 Day(s) others	5	1	

Doctor Signature & Stamp :