Patient details

Date	:	15-Oct-2024 / 7:00PM - 7:15PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	44538 / SARANYA SANJEEV KRISHNA SANJEEV KUMAR
Mobile #	:	0547527222
Gender / DOB/Age	:	Female / 30-Aug-1992
Nationality	:	Indian
Insurance / Card#	:	next care / 307A-13F4-91AD-D8EC
EMID #	:	784-1992-1288154-6

Medical Record details

Complaints

Complaints

PC: Fever since yesterday, pain in throat cough,

body pains, headache, dyspnea.

Duration: 2 days,

Not pregnant

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 Examinatic
		No Known Allergies	Unknown	

Vital Signs

Temperature	: 38.7	**BPS**	: 58	**BPD**	:	**Pulse**	: 108	**Height**	: 155 cm	**We**	
BMI	: 24.97399 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

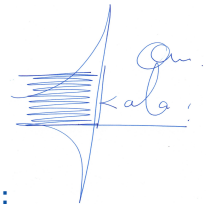
Diagnosis

Date	Doctor	ICD Code	Diagnosis
15-Oct-2024	Enomen Goodluck	M79.10	Myalgia, unspecified site
15-Oct-2024	Enomen Goodluck	R07.0	Pain in throat
15-Oct-2024	Enomen Goodluck	R50.9	Fever, unspecified
15-Oct-2024	Enomen Goodluck	K29.00	Acute gastritis without bleeding
15-Oct-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified

Prescription

Generic/Dose/Form	Instructions	Duration	Qu
OTRIVIN (ADULT) / (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS XYLOMETAZOLINE HYDROCHLORIDE [0.1%] / NASAL DROPS (10ML, BOTTLE) / Drops	Take 2Drops 3 Time(s) per Day For 5 Day(s) others	5	1
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP BUTAMIRATE DIHYDROGEN CITRATE [0.15% W/V] / SYRUP (200ML, BOTTLE) / ML	Take 10ML 3Time(s) perDay For 7 Day(s) others	7	1
GUPISONE 20MG / (PREDNISOLONE : 20 MG) TABLETS PREDNISOLONE [20 MG] / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 1Time(s) perDay For 5 Day(s) evening	5	5
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 10 Day(s) evening	10	10
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 10 Day(s) after meal	10	20
MACROMAX 500 / (AZITHROMYCIN : 500 MG) FILM COATED TABLETS AZITHROMYCIN [500 MG] / FILM COATED TABLETS (6S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening	5	5

Doctor Signature & Stamp :



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