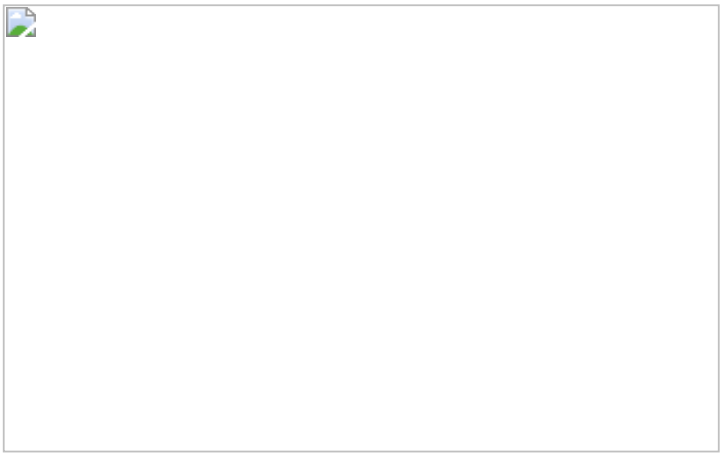
Patient details

Date	:	21-Oct-2024 / 1:30AM - 1:45AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44599 / MOHAMMED JASEM ALAHMAD
Mobile #	:	0505071192
Gender / DOB/Age	:	Male / 27-Jul-2003
Nationality	:	Syrian
Insurance / Card#	:	NAS - RN,RN+ / 8E1F-FFE2-C2C1-JCDE
EMID #	:	784-2003-5910946-7



Medical Record details

Complaints

Complaints

PC: ASTHMATIC KNOWN

ANEMIA

HYPERLIPIDEMIC KNOWN

COUGH

HERPES INFECTION

FUNGAL INFECTION

CAME TO REFILL MEDICATION

Vital Signs

Temperature	: 36	**BPS**	: 70	**BPD**	:	**Pulse**	: 80	**Height**	: 170 cm	**Weight**	: 70 kg
BMI	: 24.22145 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK OF FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
21-Oct-2024	AHSAN HUSSAIN	J20.9	Acute bronchitis, unspecified	
21-Oct-2024	AHSAN HUSSAIN	E78.5	Hyperlipidemia, unspecified	
21-Oct-2024	AHSAN HUSSAIN	D64.9	Anemia, unspecified	
21-Oct-2024	AHSAN HUSSAIN	J45.41	Moderate persistent asthma with (acute) exacerbation	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	80061	Lipid Panel	NA	NA	
00:00:00	00:00:00	85025	Blood Count Complete Auto&Auto Difrntl Wbc Count	NA	NA	
00:00:00	00:00:00	86140	C-Reactive Protein	NA	NA	
00:00:00	00:00:00	9	Consultation Gp	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
SINGULAIR / (MONTELUKAST : 10 MG) TABLETS MONTELUKAST [10 MG] / TABLETS (28S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others	60	60	
ZOVIRAX 5% / (ACYCLOVIR : 5%) CREAM ACYCLOVIR [5%] / CREAM (2G , PUMP PACK) / Cream	Take 1Cream 2 Time(s) per Day For 30 Day(s) others	30	3	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 14 Day(s) others	14	14	
SIDERAL FORTE / (ASCORBIC ACID (VITAMIN C) : 70 MG) (LIPOSOMAL IRON : 30 MG) CAPSULES ASCORBIC ACID (VITAMIN C)/LIPOSOMAL IRON [70 MG|30 MG] / CAPSULES (20S, BOX) / Tablets	Take 1Tablets 2 Time(s) per Day For 30 Day(s) others	30	60	
LIPITOR 10MG / (ATORVASTATIN : 10 MG) FILM COATED TABLETS ATORVASTATIN [10 MG] / FILM COATED TABLETS (30S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others	60	60	
PULMICORT / (BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION BUDESONIDE [0.5 MG/ML] / SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT) / Solution	Take 1Solution 2 Time(s) per Day For 30 Day(s) others	30	60	
LAMISIL / (TERBINAFINE (AS HCL) : 250 MG) TABLETS TERBINAFINE (AS HCL) [250 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 14 Day(s) others	14	28	

Doctor Signature & Stamp :