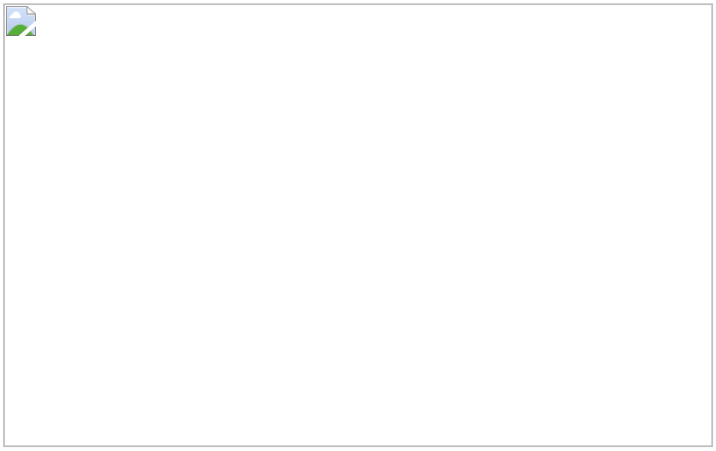
Patient details

Date	:	21-Oct-2024 / 7:15PM - 7:30PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	34248 / PAULA CAMILLE BASA BINUYA
Mobile #	:	050224254
Gender / DOB/Age	:	Female / 27-Dec-1992
Nationality	:	Philippine
Insurance / Card#	:	NEXTCARE -OP PCP / 5197-BEA6-8B7F-2B5C
EMID #	:	784-1992-5062810-6



Medical Record details

Complaints

Complaints

PC: Fever, dry cough, pain in throat and generalized boy pain.

Duration: 3days (27/10/2024)

Also has headache.

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	: 37.7	**BPS**	: 84	**BPD**	:	**Pulse**	: 100	**Height**	: 162 cm	**Weight**	: 56 kg
BMI	: 21.33821 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
21-Oct-2024	Enomen Goodluck	E86.0	Dehydration	
21-Oct-2024	Enomen Goodluck	R05	Cough	
21-Oct-2024	Enomen Goodluck	M79.10	Myalgia, unspecified site	
21-Oct-2024	Enomen Goodluck	R50.9	Fever, unspecified	
21-Oct-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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) after meal	5	5	
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP BUTAMIRATE DIHYDROGEN CITRATE [0.15% W/V] / SYRUP (200ML, BOTTLE) / ML	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	7	1	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 10 Day(s) after meal	10	10	
MAXIGESIC / (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS IBUPROFEN/PARACETAMOL [150 MG|500 MG] / FILM COATED TABLETS (16S, BLISTER) / Tablets	Take 2Tablets 2 Time(s) per Day For 4 Day(s) after meal	4	16	
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 2Time(s) perDay For 10 Day(s) after meal	10	20	

Doctor Signature & Stamp :