Patient 42388 HAMID MAHMOOD 784-1990-5106463-4 Repeat 34

Male Pakistani M NGI - HN BASIC PLUS - NGI - Default Scheme (99999)

Medical History (patient_history.aspx?patId=52425) Billing History (patient_accounts.aspx?patId=52425)

Appointment Visit ID 54060 22-Oct-2024 Enomen Goodluck - General - DHA-P-28040827 MRN Activities(Log) Insurance Cards EMID Card

Vitals Alert This Patient has Vitals for Temp: 37.8°C, Pulse: 98bpm, BP: 135mmHg, Height: 168cm, Weight: 116kg, BMI 41.1(Obese), Blood Sugar

DHA Requirment : Mandotory to fill Chief Complaints, Allergi

Start Time | Nurse Station | Doctor Evaluation | Orthopedic Case Assessment | Diagnosis | Treatments/Procedures | Packages | Prescription | Reimbursement Forms | Documents | Progress Notes | Addendum | NGI Form | NGI Claim Form | Other Forms | Sick Leave | End Time | Visit Summary Sheet | Nabidh Clinical Docs | Audit Log | Radiology | Laboratory | Health Declaration | Signed Documents | Image Comparison

22-Oct-2024	Goodluck	K30.9	Fever, unspecified
22-Oct-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified
22-Oct-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified

Prescription

Generic/Dose/Form	Instructions
MACROMAX 500 / (AZITHROMYCIN : 500 MG) FILM COATED TABLETS AZITHROMYCIN [500 MG] / FILM COATED TABLETS (6S, BLISTER) / Tablets	Take 1Tablets 1Time(s) perDay For 6 Day(s) after meal
OTRIVIN (ADULT) / (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS XYLOMETAZOLINE HYDROCHLORIDE [0.1%] / NASAL DROPS (10ML, BOTTLE) / Spray	Take 1Spray 2 Time(s) per Day For 5 Day(s) other
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
	Take 1Tablets 1

ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Time(s) per Day For 10 Day(s) evening
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 1Time(s) perDay For 10 Day(s) evening
GUPISONE 20MG / (PREDNISOLONE : 20 MG) TABLETS PREDNISOLONE [20 MG] / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal
IBULIFE 600 / (IBUPROFEN : 600 MG) TABLETS IBUPROFEN [600 MG] / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 10 Day(s) afte meal

Doctor Signature & Stamp :