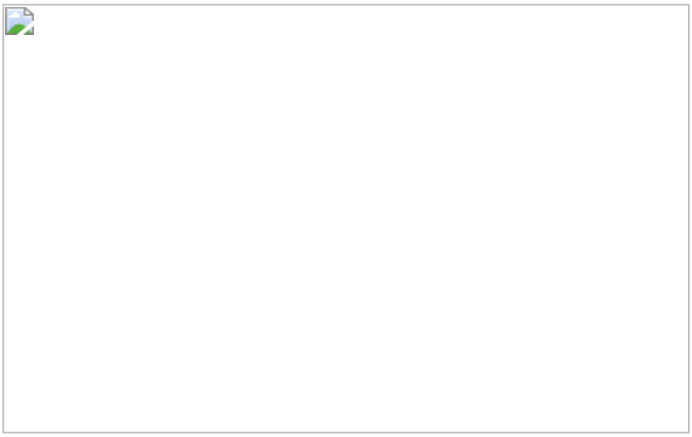
Patient details

Date	:	26-Oct-2024 / 2:00AM - 2:15AM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	44671 / CAN POLAT
Mobile #	:	000000000
Gender / DOB/Age	:	Male / 21-Nov-1991
Nationality	:	Turkish
Insurance / Card#	:	AXA / 16/XC/30038/0/572/E/0
EMID #	:	784-1991-2644488-6



Medical Record details

Complaints

Complaints

Headache, nasal congestion, runny nose, myalgia and fever

Duration: 2days.

Not hypertensive and not diabetic.

Vital Signs

Temperature	: 36.4	**BPS**	: 71	**BPD**	:	**Pulse**	: 83	**Height**	: 164 cm	**Weight**	: 76 kg
BMI	: 28.25699 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 97%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK OF FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
26-Oct-2024	Enomen Goodluck	K21.9	Gastro-esophageal reflux disease without esophagitis	
26-Oct-2024	Enomen Goodluck	R51.9	Headache, unspecified	
26-Oct-2024	Enomen Goodluck	R50.9	Fever, unspecified	
26-Oct-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
26-Oct-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	9	GP Consultation	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GUPISONE 20MG / (PREDNISOLONE : 20 MG) TABLETS PREDNISOLONE [20 MG] / TABLETS (20S, BLISTER PACK) / Drops	Take 1Drops 1 Time(s) per Day For 7 Day(s) after meal	7	7	
OTRIVIN (ADULT) / (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS XYLOMETAZOLINE HYDROCHLORIDE [0.1%] / NASAL DROPS (10ML, BOTTLE) / Drops	Take 2Drops 2 Time(s) per Day For 5 Day(s) after meal	5	1	
IBULIFE 400 / (IBUPROFEN : 400 MG) TABLETS IBUPROFEN [400 MG] / TABLETS (24S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 3 Day(s) after meal	3	6	
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	
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	

Doctor Signature & Stamp :

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