Patient details

Date	:	26-Oct-2024 / 5:45PM - 6:00PM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	37317 / AJESH CHEKOTTU MACHINGAL
Mobile #	:	0553352653
Gender / DOB/Age	:	Male / 20-May-1984
Nationality	:	Indian
Insurance / Card#	:	AL MADALLAH RN4 / 784-1984-5960817-4
EMID #	:	784-1984-5960817-4

Medical Record details

Complaints

Complaints

PC: FEVER

FLU

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	: 36.7	**BPS**	: 82	**BPD**	:	**Pulse**	: 70	**Height**	: 170 cm	**Weight**	: 75 kg
BMI	: 25.95156 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 100%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: RISK FOR FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
26-Oct-2024	AHSAN HUSSAIN	R51.9	Headache, unspecified	
26-Oct-2024	AHSAN HUSSAIN	J20.9	Acute bronchitis, unspecified	
26-Oct-2024	AHSAN HUSSAIN	R50.9	Fever, unspecified	
26-Oct-2024	AHSAN HUSSAIN	J00	Acute nasopharyngitis [common cold]	
26-Oct-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
XYLOLIN ADULT NASAL SPRAY / (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) LIQUID FOR SPRAY (NASAL) XYLOMETAZOLINE HYDROCHLORIDE [0.1%] / LIQUID FOR SPRAY (NASAL) (10ML, SPRAY BOTTLE) / Spray	Take 1Spray 2 Time(s) per Day For 7 Day(s) after meal	7	1	
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP BUTAMIRATE DIHYDROGEN CITRATE [0.15% W/V] / SYRUP (200ML, BOTTLE) / Syrup	Take 1Syrup 2 Time(s) per Day For 7 Day(s) after meal	7	1	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
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 5 Day(s) after meal	5	10	
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 5 Day(s) evening	5	5	

Doctor Signature & Stamp :