



Patient details

|                      |   |                                             |  |
|----------------------|---|---------------------------------------------|--|
| Date                 | : | 28-Oct-2024 / 4:00AM - 4:15AM               |  |
| Doctor               | : | Humaira(General)                            |  |
| Reg # / Patient Name | : | 43245 / LYRA EDMILAO ARANTON                |  |
| Mobile #             | : | 052840283                                   |  |
| Gender / DOB/Age     | : | Female / 11-May-1983                        |  |
| Nationality          | : | Philippine                                  |  |
| Insurance / Card#    | : | NGI - HN BASIC PLUS / I038-000-115269834-01 |  |
| EMID #               | : | 784-1983-6305315-2                          |  |

Medical Record details

Complaints

co fever on and off dry cough nasal blokage 25th oct 2024

oe

chest is congested no added sounds

restless

Vital Signs

|                                |   |               |             |   |        |      |   |       |     |    |        |       |        |        |   |       |
|--------------------------------|---|---------------|-------------|---|--------|------|---|-------|-----|----|--------|-------|--------|--------|---|-------|
| Temperature                    | : | 37.2          | BPS         | : | 73     | BPD  | : | Pulse | :   | 87 | Height | :     | 166 cm | Weight | : | 57 kg |
| BMI                            | : | 20.68515 bpm  | Respiratory | : | 18 bpm | SpO2 | : | 98%   | Hip | :  | cm     | Waist | :      | cm     |   |       |
| Head Circumference             | : |               |             | : | cm     |      |   |       |     |    |        |       |        |        |   |       |
| Urinalysis (Protein & Glucose) | : |               |             | : |        |      |   |       |     |    |        |       |        |        |   |       |
| Notes                          | : | risk for fall |             |   |        |      |   |       |     |    |        |       |        |        |   |       |

Diagnosis

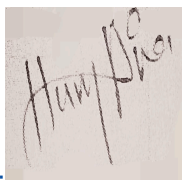
| Date        | Doctor  | ICD Code | Diagnosis                                      | Notes |
|-------------|---------|----------|------------------------------------------------|-------|
| 28-Oct-2024 | Humaira | J30.9    | Allergic rhinitis, unspecified                 |       |
| 28-Oct-2024 | Humaira | R05      | Cough                                          |       |
| 28-Oct-2024 | Humaira | R50.9    | Fever, unspecified                             |       |
| 28-Oct-2024 | Humaira | J06.9    | Acute upper respiratory infection, unspecified |       |

Prescription

| Generic/Dose/Form                                                                                                                                                    | Instructions                                        | Duration | Quantity | Refill |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------|----------|--------|
| GERDIL 20 / (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) DELAYED RELEASE CAPSULES ESOMEPRAZOLE (AS MAGNESIUM) [20 MG] / DELAYED RELEASE CAPSULES (30S, CONTAINER) / Capsule | Take 1Capsule 2 Time(s) per Day For 7 Day(s) others | 7        | 14       |        |

| Generic/Dose/Form                                                                                                                                            | Instructions                                        | Duration | Quantity | Refill |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------|----------|--------|
| AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE) DIPHENHYDRAMINE [12.5 MG/5ML] / SYRUP (SUGAR FREE) (120ML, BOTTLE) / Syrup              | Take 10ML 3 Time(s) per Day For 7 Day(s) after meal | 1        | 1        |        |
| ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG/500 MG] / CAPLETS (24S, BOX) / Tablets                            | Take 1Tablets 2 Time(s) per Day For 6 Day(s) others | 6        | 12       |        |
| 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 7 Day(s) others | 7        | 7        |        |
| ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets                              | Take 1Tablet at night                               | 5        | 5        |        |

Doctor Signature &amp; Stamp :



Dr. Humaira Mumtaz  
General Practitioner  
DHA No: 34155539-002  
CITICARE MEDICAL CENTER LLC  
DUBAI - U.A.E.

