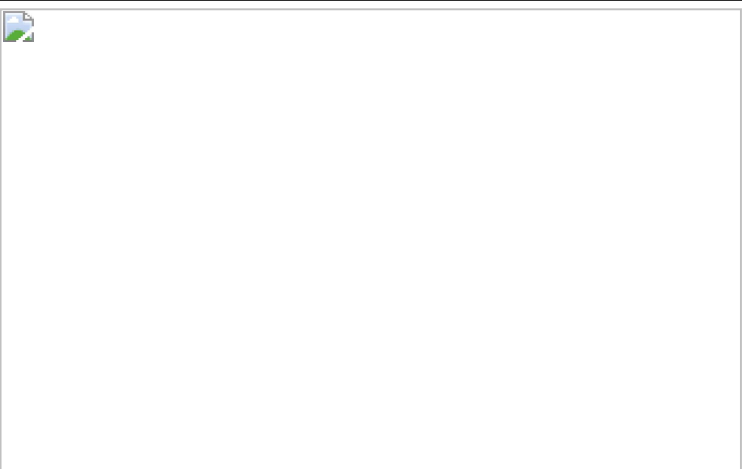




Patient details

Date	:	29-Oct-2024 / 12:00PM - 12:15PM		
Doctor	:	Humaira(General)		
Reg # / Patient Name	:	42422 / PRAGATI ANIL KUMAR		
Mobile #	:	0505368371		
Gender / DOB/Age	:	Female / 22-Jun-1999		
Nationality	:	Indian		
Insurance / Card#	:	NAS VN / G4AI-9G4C-DCD2-GDEA		
EMID #	:	784-1999-1205093-9		

Medical Record details

Complaints

co fever on and off pain in throat dry cough 26th oct 2024

oe chest is congested no added sounds

restless

Allergies

Allergy Type	Allergy Severity	Allergies	Allergy For	Physical Examination
		No Known Allergies	Unknown	

Vital Signs

Temperature	: 36.8	BPS	: 76	BPD	:	Pulse	: 90	Height	: 158 cm	Weight	: 70 kg
BMI	: 28.04038 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
29-Oct-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
29-Oct-2024	Humaira	K29.00	Acute gastritis without bleeding	
29-Oct-2024	Humaira	R05	Cough	

Date	Doctor	ICD Code	Diagnosis	Notes
29-Oct-2024	Humaira	R50.9	Fever, unspecified	
29-Oct-2024	Humaira	J02.9	Acute pharyngitis, unspecified	

Prescription

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	
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN) ESOMEPRAZOLE (AS MAGNESIUM) [20 MG] / CAPSULES (HARD GELATIN) (14S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
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 & Stamp :

