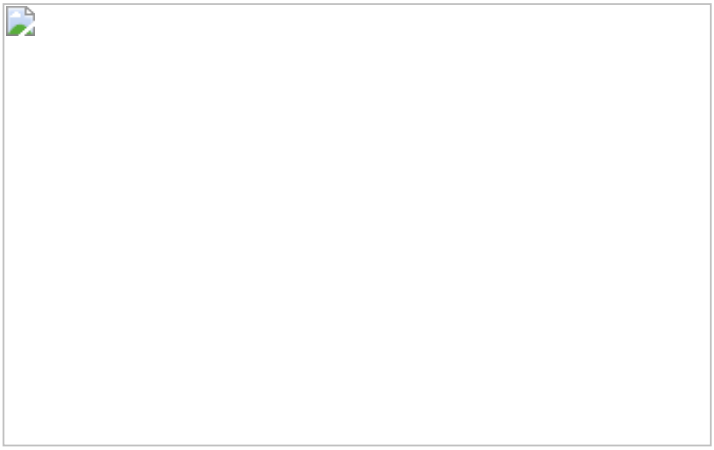
Patient details

Date	:	30-Oct-2024 / 1:30AM - 1:45AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	37565 / VIPUL KUSHAL SHARMA
Mobile #	:	0559060038
Gender / DOB/Age	:	Male / 10-Sep-1978
Nationality	:	Indian
Insurance / Card#	:	NEURON - CN GN+ GNP / 52GM00942865270
EMID #	:	784-1978-4160406-5



Medical Record details

Complaints

Complaints

pc: uti

white penis discharge

right flank pain

vomiting

bloating

epigastric pain

Vital Signs

Temperature	: 36	**BPS**	: 99	**BPD**	:	**Pulse**	: 90	**Height**	: 0 cm	**Weight**	: 0 kg
BMI	: NaN 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
30-Oct-2024	AHSAN HUSSAIN	M62.830	Muscle spasm of back	
30-Oct-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without esophagitis	
30-Oct-2024	AHSAN HUSSAIN	R14.0	Abdominal distension (gaseous)	
30-Oct-2024	AHSAN HUSSAIN	R11.2	Nausea with vomiting, unspecified	
30-Oct-2024	AHSAN HUSSAIN	R10.13	Epigastric pain	
30-Oct-2024	AHSAN HUSSAIN	N39.0	Urinary tract infection, site not specified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	0005-150403-1021	PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION	NA	NA	iv slow
00:00:00	00:00:00	96365	Iv Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr	NA	NA	
00:00:00	00:00:00	0005-149902-1021	CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION	NA	NA	im stat
00:00:00	00:00:00	96372	Therapeutic Prophylactic/Dx Injection Subq/Im	NA	NA	
00:00:00	00:00:00	0102-100104-1001	SODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION	NA	NA	iv slow
00:00:00	00:00:00	9	Consultation Gp	NA	NA	
00:00:00	00:00:00	96367	Iv Infusion Ther Proph Addl Sequential To 1 Hr			

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
NEXIUM / (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS ESOMEPRAZOLE [40 MG] / FILM COATED TABLETS (28S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) before meal	7	7	
MYDOCALM / (TOLPERISONE : 150 MG) SUGAR COATED TABLETS TOLPERISONE [150 MG] / SUGAR COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) after meal	7	7	
GASTOP 250MG CAPSULES / (SIMETHICONE : 250 MG) CAPSULES SIMETHICONE [250 MG] / CAPSULES (30S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
CIPROBAY / (CIPROFLOXACIN : 500 MG) FILM COATED TABLETS CIPROFLOXACIN [500 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
FOSFOLAG 3G / (FOSFOMYCIN (AS TROMETAMOL : 3 G GRANULES ORAL / GRANULES (1S, SACHET / sachet	Take 1sachet 1Time(s) perDay For 1 Day(s) after meal	1	1	
PREMOSAN / (METOCLOPRAMIDE : 10 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) before meal	7	14	

Doctor Signature & Stamp :