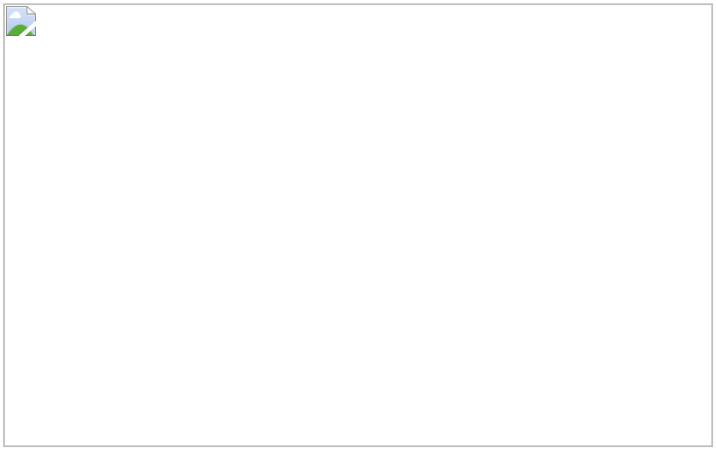
Patient details

Date	:	30-Oct-2024 / 7:30PM - 7:45PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	44733 / NAVEEN TIWARI MURARI LAL TIWARI
Mobile #	:	0564502817
Gender / DOB/Age	:	Male / 07-Jun-1995
Nationality	:	Indian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-121569467-01
EMID #	:	784-1995-3481268-2



Medical Record details

Complaints

Complaints

PC: Cough (dry), intermittent low grade fever and headache

Duration: 5days.

Has been self medicating on panadol.

No fever at presentation.

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	: 36.6	**BPS**	: 80	**BPD**	:	**Pulse**	: 68	**Height**	: 175 cm	**Weight**	: 69.9 kg
BMI	: 22.82449 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
30-Oct-2024	Enomen Goodluck	R05	Cough	
30-Oct-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
30-Oct-2024	Enomen Goodluck	J01.00	Acute maxillary sinusitis, unspecified	
30-Oct-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MACROMAX 500 / (AZITHROMYCIN : 500 MG) FILM COATED TABLETS AZITHROMYCIN [500 MG] / FILM COATED TABLETS (6S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal	5	5	
FLUTAB / (DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2Time(s) perDay For 10 Day(s) after meal	10	20	
LOHIST / (LORATADINE : 10 MG) TABLETS LORATADINE [10 MG] / TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 10 Day(s) evening	10	10	
GUPISONE 20MG / (PREDNISOLONE : 20 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 1Time(s) perDay For 7 Day(s) evening	7	7	

Doctor Signature & Stamp :