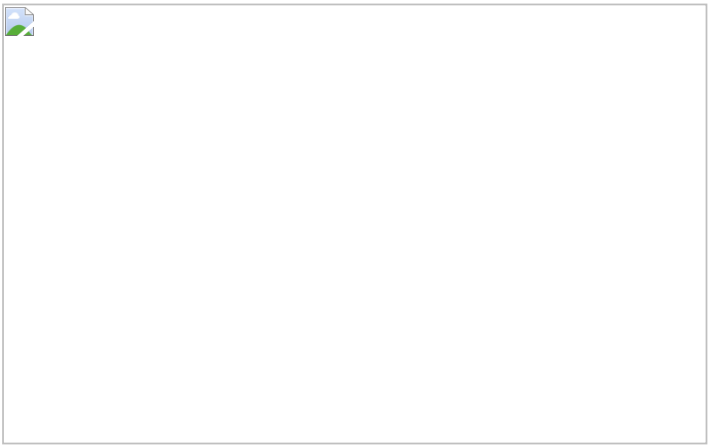
Patient details

Date	:	02-Nov-2024 / 7:30PM - 7:45PM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44775 / DEEPAK DARNAL
Mobile #	:	0543846604
Gender / DOB/Age	:	Male / 16-Jun-1997
Nationality	:	Indian
Insurance / Card#	:	AL MADALLAH RN4 / 784-1997-5219020-9
EMID #	:	784-1997-5219020-9



Medical Record details

Complaints

Complaints

PC: FEVER

COUGH

FLU

SORETHROAT

LOW BACK PAIN

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	: 37.4	**BPS**	: 70	**BPD**	:	**Pulse**	: 90	**Height**	: 155 cm	**Weight**	: 58.8 kg
BMI	: 24.4745 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
02-Nov-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without esophagitis	
02-Nov-2024	AHSAN HUSSAIN	J20.9	Acute bronchitis, unspecified	
02-Nov-2024	AHSAN HUSSAIN	R50.9	Fever, unspecified	
02-Nov-2024	AHSAN HUSSAIN	M54.5	Low back pain	
02-Nov-2024	AHSAN HUSSAIN	J00	Acute nasopharyngitis [common cold]	
02-Nov-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
NEXIUM / (ESOMEPRAZOLE : 20 MG) FILM COATED TABLETS ESOMEPRAZOLE [20 MG] / FILM COATED TABLETS (28S, BLISTER PACK) / Tablets	Take 1Tablets 1Time(s) perDay For 14 Day(s) before meal	14	14	
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V SYRUP ORAL / SYRUP (200ML, BOTTLE / Syrup	Take 1Syrup 2 Time(s) per Day For 7 Day(s) after meal	7	1	
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 7 Day(s) after meal	7	14	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2Time(s) perDay For 7 Day(s) after meal	7	14	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1Time(s) perDay For 5 Day(s) evening	5	5	

Doctor Signature & Stamp :