Patient details

Date	:	04-Nov-2024 / 12:00AM - 12:15AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44796 / Khalid Mahmood Allah
Mobile #	:	055140992
Gender / DOB/Age	:	Male / 03-Apr-1985
Nationality	:	Pakistani
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LL665390
EMID #	:	784-1985-6086826-1

Medical Record details

Complaints

Complaints

pc: fever

flu

headache

nausea and vomiting

Vital Signs

Temperature	: 36.7	**BPS**	: 70	**BPD**	:	**Pulse**	: 78	**Height**	: 169 cm	**Weight**	: 86 kg
BMI	: 30.11099 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	: cm										
Urinalysis (Protein & Glucose)	:										
Notes	: RISK OF FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
04-Nov-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without esophagitis	
04-Nov-2024	AHSAN HUSSAIN	R11.2	Nausea with vomiting, unspecified	
04-Nov-2024	AHSAN HUSSAIN	J20.9	Acute bronchitis, unspecified	
04-Nov-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:16:57	01:20:57	2190-106618-1001	(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION-PARAFUSIV I.V. 10MG/ML	NA	NA	iv slow
00:16:57	12:21:57	0125-122107-1022	(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION-DEXAMETHASONE SODIUM PHOSPHATE	NA	NA	im stat
00:00:00	00:00:00	96365	THERAPEUTIC, PROPHYLACTIC AND DIAGNOSTIC IV INFUSION	NA	NA	
00:00:00	00:00:00	96372	IM INJECTION (W/O DRUG CHARGES)	NA	NA	
00:00:00	00:00:00	0188-135906-2441	(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION-PULMICORT	NA	NA	
00:00:00	00:00:00	94640	NEBULIZATION	NA	NA	
00:00:00	00:00:00	9	GP CONSULTATION	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN ORAL / CAPSULES (HARD GELATIN (14S, BLISTER / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V SYRUP ORAL / SYRUP (200ML, BOTTLE / Tablets	Take 1Tablets 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 2Time(s) perDay 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 1 Time(s) per Day For 5 Day(s) others	5	5	

Doctor Signature & Stamp :