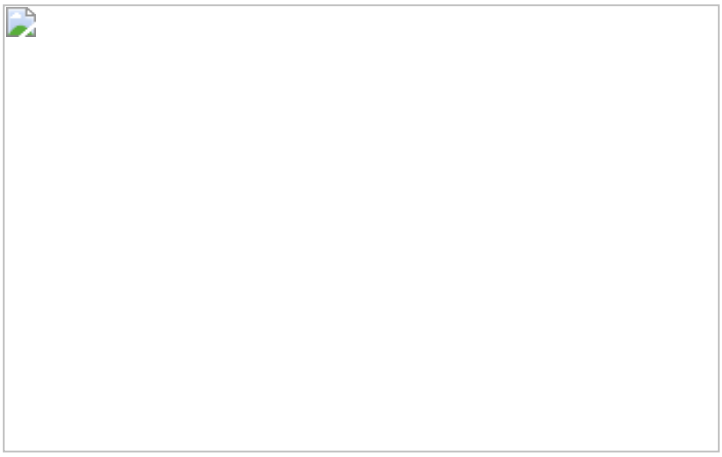
Patient details

Date	:	05-Nov-2024 / 12:30AM - 12:45AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44339 / ZAHEER AHMAD BABAR GUL BAR KHAN
Mobile #	:	0544995167
Gender / DOB/Age	:	Male / 04-Dec-1984
Nationality	:	Pakistani
Insurance / Card#	:	NAS VN / 66PM-5MMM-VMVT-TVAE
EMID #	:	784-1984-9717106-0



Medical Record details

Complaints

Complaints

PC: FLU

FEVER

SNEEZING

Vital Signs

Temperature	: 36.4	**BPS**	: 84	**BPD**	:	**Pulse**	: 71	**Height**	: 173 cm	**Weight**	: 106.5 kg
BMI	: 35.58422 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
05-Nov-2024	AHSAN HUSSAIN	J30.9	Allergic rhinitis, unspecified	
05-Nov-2024	AHSAN HUSSAIN	R06.7	Sneezing	
05-Nov-2024	AHSAN HUSSAIN	J20.9	Acute bronchitis, unspecified	
05-Nov-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	9	Consultation Gp	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
AUGMENTIN 312MG/5ML / (CLAVULANIC ACID : 62.5 MG/5ML) (AMOXICILLIN : 250 MG/5ML) POWDER FOR SYRUP CLAVULANIC ACID/AMOXICILLIN [62.5 MG/5ML|250 MG/5ML] / POWDER FOR SYRUP (100ML, BOTTLE) / Syrup	Take 5 ML Syrup 2 Time(s) per Day For 7 Day(s) others	7	1	
XYLOLIN ADULT NASAL SPRAY / (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) LIQUID FOR SPRAY (NASAL) XYLOMETAZOLINE HYDROCHLORIDE [0.1%] / LIQUID FOR SPRAY (NASAL) (10ML, SPRAY BOTTLE) / Spray	Take 1Spray 2 Time(s) per Day For 14 Day(s) others	14	1	
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 10 Day(s) evening	10	10	
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	

Doctor Signature & Stamp :