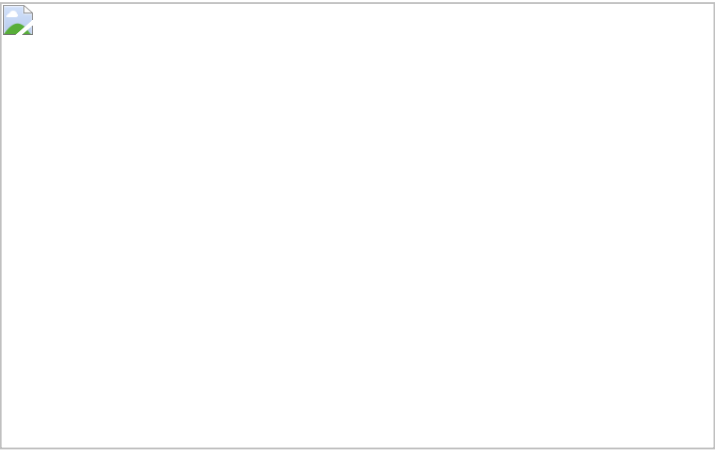




Patient details

Date	:	06-Nov-2024 / 2:00PM - 2:15PM	 Photo Not Available
Doctor	:	Humaira(General)	
Reg # / Patient Name	:	26198 / ROSARIO ABON FELICIANO	
Mobile #	:	526239838	
Gender / DOB/Age	:	Female / 01-Jan-1975	
Nationality	:	Philippine	
Insurance / Card#	:	NEXTCARE -OP PCP / 0B6D-B8C7-1DBC-A626	
EMID #	:	784-1974-2430583-3	

Medical Record details

Complaints

co fever on and off running nose dry cough pain in throat 1st nov. 2024

oe

chest is congested no added sounds

restless

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	:	36.8	BPS	:	62	BPD	:	Pulse	:	68	Height	:	141 cm	Weight	:	55.8 kg
BMI	:	28.067 bpm	Respiratory	:	18 bpm	SpO2	:	99%	Hip	:	cm	Waist	:	cm		
Head Circumference	:			:	cm											
Urinalysis (Protein & Glucose)	:			:												
Notes	:	risk for fall														

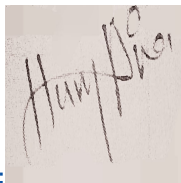
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
06-Nov-2024	Humaira	R11.0	Nausea	
06-Nov-2024	Humaira	K29.00	Acute gastritis without bleeding	
06-Nov-2024	Humaira	R50.9	Fever, unspecified	
06-Nov-2024	Humaira	R05	Cough	
06-Nov-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
06-Nov-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GERDIL 20 / (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) DELAYED RELEASE CAPSULES ESOMEPRAZOLE (AS MAGNESIUM) [20 MG] / DELAYED RELEASE CAPSULES (30S, CONTAINER) / Capsule	Take 1 Capsule 2 Time(s) per Day For 7 Day(s) others	7	14	
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE) DIPHENHYDRAMINE [12.5 MG/5ML] / SYRUP (SUGAR FREE) (120ML, BOTTLE) / Syrup	Take 10ML 3 Time(s) per Day For 7 Day(s) others	1	1	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG/500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1 Tablets 2 Time(s) per Day For 6 Day(s) others	6	12	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG/875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1 Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1 Tablet at night	5	5	

Doctor Signature & Stamp :



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

