Patient details

Date	:	08-Nov-2024 / 10:30AM - 10:45AM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	39553 / ANTON SITHUM CHATHURANG JAYAMAHA MUDALIGE DON
Mobile #	:	971566442706
Gender / DOB/Age	:	Male / 27-Jun-2000
Nationality	:	Sri Lankan
Insurance / Card#	:	FMC Standard Network / I005-010-118774237-01
EMID #	:	784-2000-5120510-0

Medical Record details

Complaints

Complaints

CO FEVER ON AND off RUNNING nose productive cough headache 2nd nov. 2024

oe chest is congested no addded sounds

restless

alcohlic smoker

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**	: 76	**BPD**	:	**Pulse**	: 76	**Height**	: 164 cm	**Weight**	: 59.5 kg
BMI	: 22.12225 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		

Head Circumference : cm

Urinalysis (Protein & Glucose) :

Notes : RISK FOR FALL

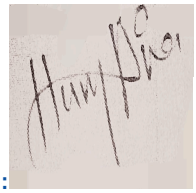
Diagnosis

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

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
EXYLIN / (AMMONIUM CHLORIDE : N/A (MENTHOL : N/A (DIPHENHYDRAMINE : 14 MG/5 ML SYRUP ORAL / SYRUP (100ML, BOTTLE / Syrup	Take 10ML 3 Time(s) per Day For 7 Day(s) others	1	1	
GERDIL 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES ORAL / DELAYED RELEASE CAPSULES (30S, CONTAINER / Capsule	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others	7	14	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG|500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others	3	6	
MACROMAX 500 / (AZITHROMYCIN : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (3S, BLISTER / Tablets	Take 1Tablets 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 1Tablet at night	5	5	

Doctor Signature & Stamp :



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