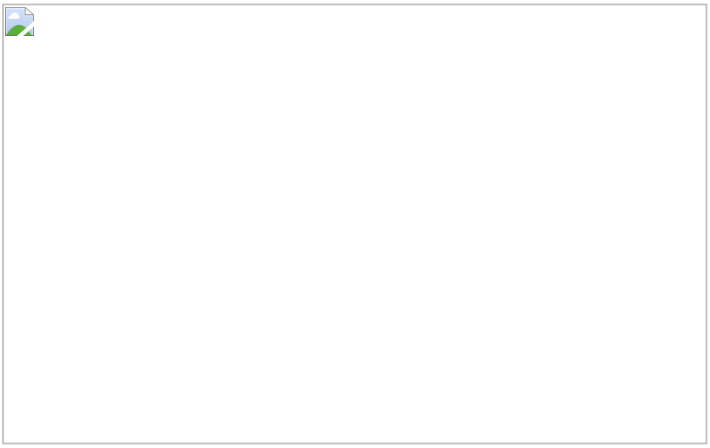
Patient details

Date	:	09-Nov-2024 / 6:45PM - 7:00PM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	35630 / MORAD ACHETOUI
Mobile #	:	0559698843
Gender / DOB/Age	:	Male / 05-Sep-1981
Nationality	:	Moroccan
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-116865645-01
EMID #	:	784-1981-5025768-5



Medical Record details

Complaints

Complaints

PC: FEVER 1 DAY

FLU

COUGH

HEADACHE

STOMACH PAIN

LOW BACK PAIN

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**	: 80	**BPD**	:	**Pulse**	: 104	**Height**	: 176 cm	**Weight**	: 103 kg
BMI	: 33.25155 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
09-Nov-2024	AHSAN HUSSAIN	L41.4	Large plaque parapsoriasis	
09-Nov-2024	AHSAN HUSSAIN	M54.5	Low back pain	
09-Nov-2024	AHSAN HUSSAIN	R10.13	Epigastric pain	
09-Nov-2024	AHSAN HUSSAIN	J20.9	Acute bronchitis, unspecified	
09-Nov-2024	AHSAN HUSSAIN	J00	Acute nasopharyngitis [common cold]	
09-Nov-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
DAIVOBET / (BETAMETHASONE : 0.5 MG/G) (CALCIPOTRIOL : 50 MCG/G) OINTMENT BETAMETHASONE/CALCIPOTRIOL [0.5 MG/G|50 MCG/G] / OINTMENT (30G, COLLAPSIBLE TUBE) / Cream	Take 1Cream 2 Time(s) per Day For 14 Day(s) others	14	1	
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V SYRUP ORAL / SYRUP (200ML, BOTTLE / Syrup	Take 5 ML Syrup 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 2 Time(s) per Day 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 :