



Patient details

Date	:	13-Nov-2024 / 2:45PM - 3:00PM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44880 / ALEXANDER ANDINO MURILLO
Mobile #	:	0543511880
Gender / DOB/Age	:	Male / 06-Jul-1998
Nationality	:	Philippine
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LL524004
EMID #	:	784-1998-5288365-3



Photo
Not
Available

Medical Record details

Complaints

Complaints

pc: fever 2 days
sorethroat 2 days
flu
body pain
cough

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 : 36.6 BPS : 58 BPD : Pulse : 52 Height : 170 cm Weight : 74.9 kg

BMI : 25.91696 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
13-Nov-2024	AHSAN HUSSAIN	J20.9	Acute bronchitis, unspecified	
13-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	GP CONSULTATION	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V SYRUP ORAL / SYRUP (200ML, BOTTLE / Syrup	Take 1Syrup 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 :