



Patient details

Date	:	22-Nov-2024 / 11:30AM - 11:45AM		
Doctor	:	Humaira(General)		
Reg # / Patient Name	:	42168 / MEGHA SHIVDAS KAMBLE SHIVDAS KAMBLE		
Mobile #	:	506221345		
Gender / DOB/Age	:	Female / 29-Sep-1999		
Nationality	:	Indian		
Insurance / Card#	:	FMC Standard Network / I019-010-120140264-01		
EMID #	:	784-1999-1266643-7		

Medical Record details

Complaints

Complaints

co fever on and off pain in throat running nose dry cough 19th nov. 2024

oe chest is congested no added sounds

restless

she taking thyroid medicine 25mg daily

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 BPS : 70 BPD : Pulse : 88 Height : 161 cm Weight : 76.2 kg

BMI : 29.39701 bpm Respiratory : 18 bpm SpO2 : 98% Hip : cm Waist : cm

Head Circumference : cm

Urinalysis (Protein & Glucose) :**Notes :** RISK FOR FALL**Diagnosis**

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

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE ORAL / SYRUP (SUGAR FREE (120ML, BOTTLE / Syrup	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	1	1	
GERDIL 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES ORAL / DELAYED RELEASE CAPSULES (30S, CONTAINER / Tablets	Take 1Tablets 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 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 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 :