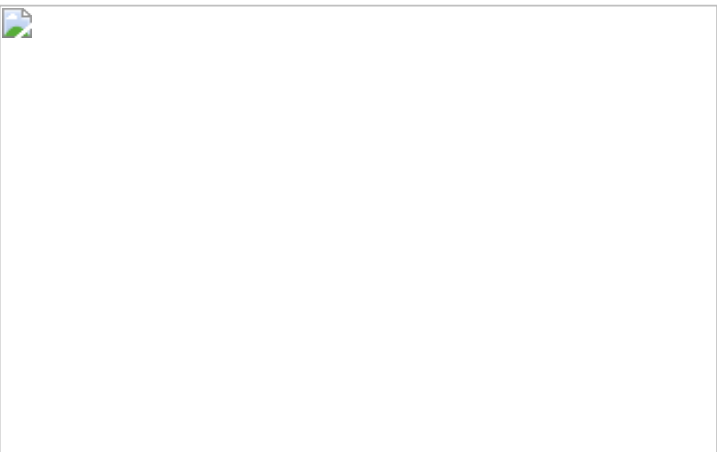




Patient details

Date	:	24-Nov-2024 / 2:15PM - 2:30PM		
Doctor	:	Humaira(General)		
Reg # / Patient Name	:	38877 / QASSEM MOHAMMAD ALKURDI		
Mobile #	:	0559804161		
Gender / DOB/Age	:	Male / 01-Aug-2001		
Nationality	:	Syrian		
Insurance / Card#	:	NEXTCARE -RN / 35E8-B907-09C6-4D3C		
EMID #	:	784-2001-2094681-7		

Medical Record details

Complaints

Complaints
co fever on and off running nose pain in the throat headache
19th nov. 2024
oe chest is congested no added sounds
restless
shesha

Vital Signs

Temperature : 36.8 BPS : 60 BPD : Pulse : 74 Height : 165 cm Weight : 71 kg
BMI : 26.07897 bpm Respiratory : 18 bpm SpO2 : 98% Hip : cm Waist : cm
Head Circumference : cm
Urinalysis (Protein & Glucose) :
Notes : RISK OF FALL

Diagnosis

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

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
15:06:10	04:21:10	0195-107704-0801	CEFTRIAXONE-TABUK IV	NA	NA	iv infusion
15:06:10	03:11:10	0005-149902-1021	CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION	NA	NA	im
15:06:10	03:11:10	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	NA	NA	
15:06:10	04:21:10	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	NA	NA	
15:06:10	04:21:10	0102-111908-1001	SODIUM CHLORIDE B.P.	NA	NA	iv hydration
15:06:10	03:21:10	0188-135906-2441	PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION	NA	NA	
15:06:10	03:21:10	94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)	NA	NA	
00:00:00	00:00:00	9	GP Consultation	NA	NA	
15:06:10	04:21:10	96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)	NA	NA	

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	
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	
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	
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 :

