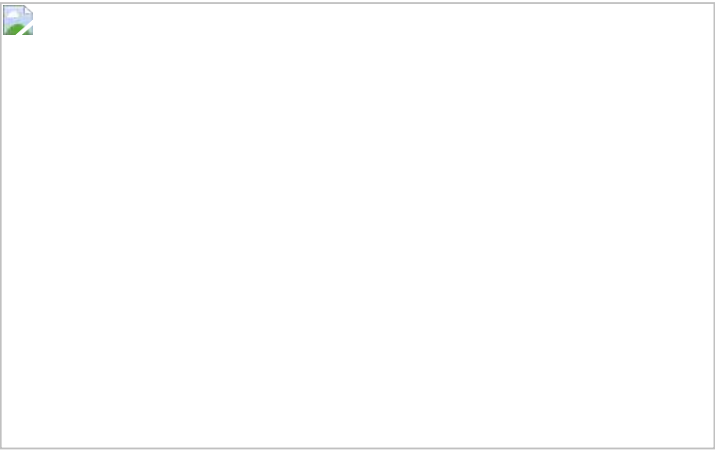


**Patient details**

Date	:	29-Nov-2024 / 11:00AM - 11:15AM	 
Doctor	:	Humaira(General)	
Reg # / Patient Name	:	45063 / MUHAMMAD ABDULLA MUHAMMAD YAQOOB	
Mobile #	:	0542318198	
Gender / DOB/Age	:	Male / 28-Nov-2000	
Nationality	:	Pakistani	
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LL523918	
EMID #	:	784-2000-1714186-0	

Medical Record details**Complaints****Complaints**

co fever runnning nose productive cough 26th nov. 2024

oe chest is congested no added sounds

restless

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** : 86 **Height** : 175 cm **Weight** : 96 kg

BMI : 31.34694 bpm **Respiratory** : 18 bpm **SpO2** : 99% **Hip** : cm **Waist** : cm

Head Circumference : cm

Urinalysis (Protein & Glucose) :

Notes : RISK OF FALL

Diagnosis

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

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
12:30:00	12:33:00	0005-149902-1021	(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION-CLOFEN	NA	NA	im
12:30:00	12:33:00	96372	IM INJECTION (W/O DRUG CHARGES)	NA	NA	
00:00:00	00:00:00	0188-135906-2441	(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION-PULMICORT	NA	NA	
00:00:00	00:00:00	94640	NEBULIZATION	NA	NA	
00:00:00	00:00:00	9	GP CONSULTATION			
00:00:00	00:00:00	0195-107704-0802	CEFTRIAXONE-TABUK IM			

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN ORAL / CAPSULES (HARD GELATIN (14S, BLISTER / Capsule	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others	7	14	
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) others	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	
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 :

