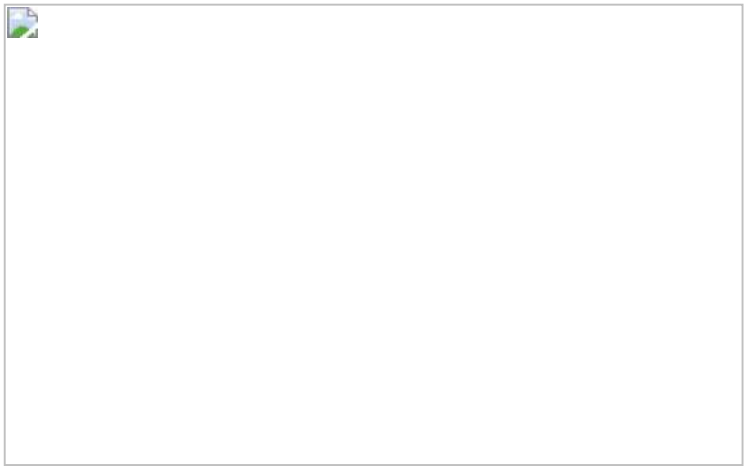
Patient details

Date	:	30-Nov-2024 / 2:00AM - 2:15AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	43453 / UMESH CHAND GUPTA
Mobile #	:	0529862717
Gender / DOB/Age	:	Male / 15-Jan-1982
Nationality	:	Indian
Insurance / Card#	:	NAS - SRN WN / C419-4G4C-DCD2-1DEA
EMID #	:	784-1982-4104272-4



Medical Record details

Complaints

Complaints

pc: fever

flu

low back pain

chest pain

epigastric pain

known hypertensive

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	**BPS**	: 80	**BPD**	:	**Pulse**	: 85	**Height**	: 163 cm	**Weight**	: 82 kg
BMI	: 30.86304 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
30-Nov-2024	AHSAN HUSSAIN	E86.0	Dehydration	
30-Nov-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without esophagitis	
30-Nov-2024	AHSAN HUSSAIN	R50.9	Fever, unspecified	
30-Nov-2024	AHSAN HUSSAIN	M54.5	Low back pain	
30-Nov-2024	AHSAN HUSSAIN	J00	Acute nasopharyngitis [common cold]	
30-Nov-2024	AHSAN HUSSAIN	R07.9	Chest pain, unspecified	
30-Nov-2024	AHSAN HUSSAIN	J20.9	Acute bronchitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ELECTRONA ORS-APPLE / (DEXTROSE ANHYDROUS : 2.7 G/200ML) (SODIUM CHLORIDE : 0.52 G/200ML) (POTASSIUM CHLORIDE : 0.3 G/200ML) (SODIUM CITRATE : 0.58 G/200ML) (CITRIC ACID ANHYDROUS : 0.35 G/200ML) ORAL LIQUID DEXTROSE ANHYDROUS/SODIUM CHLORIDE/POTASSIUM CHLORIDE/SODIUM CITRATE/CITRIC ACID ANHYDROUS [2.7 G/200ML|0.52 G/200ML|0.3 G/200ML|0.58 G/200ML|0.35 G/200ML] / ORAL LIQUID (200ML, PACKETS) / sachet	Take 1sachet 2 Time(s) per Day For 7 Day(s) after meal mix in 1.5 litre bottle of water and drink in 12 hours slowly	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	
MYDOCALM / (TOLPERISONE : 150 MG) SUGAR COATED TABLETS TOLPERISONE [150 MG] / SUGAR COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
BRUFEN 400MG / (IBUPROFEN : 400 MG) FILM COATED TABLETS IBUPROFEN [400 MG] / FILM COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 2Time(s) perDay For 7 Day(s) after meal	7	14	

Doctor Signature & Stamp :