Patient details

Date	:	05-Dec-2024 / 5:45PM - 6:00PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	35146 / Edobor Lawal Okao
Mobile #	:	0551660134
Gender / DOB/Age	:	Male / 31-Dec-1980
Nationality	:	Nigerian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-116878668-01
EMID #	:	784-1980-5058174-7

Photo Not Available

Medical Record details

Complaints

Complaints

for medicine refill known diabetic, hypertensive and hyperlipidemia patient

co fever flu headache dry cough sneezing 1st dec. 2024

oe chest is congested no added sounds

restless

Vital Signs

Temperature	: 36.4	**BPS**	: 86	**BPD**	:	**Pulse**	: 94	**Height**	: 176 cm	**Weight**	: 90 kg
BMI	: 29.05475 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 97%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: risk of fall										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
05-Dec-2024	Humaira	I10	Essential (primary) hypertension	
05-Dec-2024	Humaira	E78.2	Mixed hyperlipidemia	
05-Dec-2024	Humaira	E11.9	Type 2 diabetes mellitus without complications	
05-Dec-2024	Humaira	R05	Cough	
05-Dec-2024	Humaira	R50.9	Fever, unspecified	
05-Dec-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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	
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	
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	
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE) DIPHENHYDRAMINE [12.5 MG/5ML] / SYRUP (SUGAR FREE) (120ML, BOTTLE) / Tablets	Take 10ML 3 Time(s) per Day For 7 Day(s) others	1	1	
LINOPRIL / (LISINOPRIL : 20 MG) TABLETS LISINOPRIL [20 MG] / TABLETS (28S, BLISTER PACK) / Tablets	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)	30	60	
DIAMICRON MR / (GLICLAZIDE : 60 MG) MODIFIED RELEASE TABLETS GLICLAZIDE [60 MG] / MODIFIED RELEASE TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others	60	60	
JANUMET / (SITAGLIPTIN (AS PHOSPHATE) : 50 MG) (METFORMIN HCL : 1000 MG) FILM COATED TABLETS SITAGLIPTIN (AS PHOSPHATE)/METFORMIN HCL [50 MG|1000 MG] / FILM COATED TABLETS (56S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others	60	120	

Doctor Signature & Stamp :