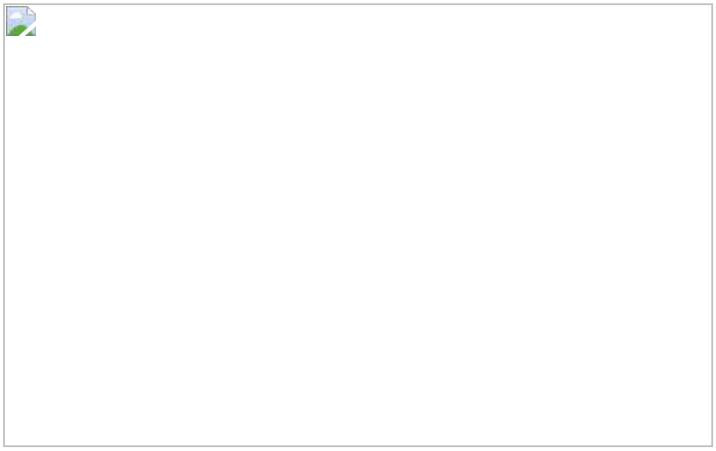
Patient details

Date	:	05-Dec-2024 / 5:00PM - 5:15PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	44652 / Abhinu Pathiranage
Mobile #	:	0565636581
Gender / DOB/Age	:	Male / 02-Feb-2024
Nationality	:	Sri Lankan
Insurance / Card#	:	NEXTCARE -OP PCP / 23F4-D8EE-1625-BE40
EMID #	:	784-2024-5192620-2



Medical Record details

Complaints

Complaints

PC: Fever, cough and nasal discharge.

Duration 3days. (01/12/2024).

Vital Signs

Temperature	: 36	**BPS**	: 0	**BPD**	:	**Pulse**	: 112	**Height**	: 0 cm	**Weight**	: 7 kg
BMI	: ∞ bpm	**Respiratory**	: 26 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: risk of fall										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
05-Dec-2024	Enomen Goodluck	R09.81	Nasal congestion	
05-Dec-2024	Enomen Goodluck	J21.9	Acute bronchiolitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
PREDO / (PREDNISOLONE : 3 MG/ML) SYRUP PREDNISOLONE [3 MG/ML] / SYRUP (120ML, GLASS BOTTLE) / ML	Take 2ML 1 Time(s) per Day For 5 Day(s) after meal	5	1	
ADOL 120MG/5ML / (PARACETAMOL : 120 MG/5ML) SYRUP PARACETAMOL [120 MG/5ML] / SYRUP (100ML, BOTTLE) / ML	Take 5ML 3 Time(s) per Day For 3 Day(s) after meal	3	1	
MUCUM / (AMBROXOL : 15 MG/5ML) SYRUP (SUGAR FREE) AMBROXOL [15 MG/5ML] / SYRUP (SUGAR FREE) (100ML, GLASS BOTTLE) / ML	Take 5ML 2 Time(s) per Day For 5 Day(s) after meal	5	1	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ZYRTEC / (CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL) CETIRIZINE HCL [1 MG/ML] / SOLUTION (ORAL) (75ML, BOTTLE) / ML	Take 3ML 1 Time(s) per Day For 7 Day(s) after meal	7	1	
IBULIFE / (IBUPROFEN : 100 MG/5ML) SUSPENSION IBUPROFEN [100 MG/5ML] / SUSPENSION (110ML, BOTTLE) / ML	Take 4ML 3 Time(s) per Day For 3 Day(s) after meal	3	1	

Doctor Signature & Stamp :