Patient details

Date	:	12-Dec-2024 / 4:00PM - 4:15PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	45201 / Munna Maganja
Mobile #	:	0521201284
Gender / DOB/Age	:	Male / 25-Nov-1988
Nationality	:	Ugandan
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LL523940
EMID #	:	784-1988-1591628-7

Medical Record details

Complaints

Complaints

co pain in foot 10th dec.2024

oe chest is clear no added sounds

restless

Vital Signs

Temperature	: 36	**BPS**	: 84	**BPD**	:	**Pulse**	: 86	**Height**	: 160 cm	**Weight**	: 68 kg
BMI	: 26.5625 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 94%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK OF FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
12-Dec-2024	Humaira	R52	Pain, unspecified	
12-Dec-2024	Humaira	M62.838	Other muscle spasm	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
VOLTAREN EMULGEL 12 HOURS / (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL DICLOFENAC DIETHYLAMINE [23.2 MG / G] / GEL (100G, TUBE) / Gel	Take 1Gel 1Time(s) perDay For 1 Day(s) others	1	1	
BRUFEN 600 / (IBUPROFEN : 600 MG) FILM COATED TABLETS IBUPROFEN [600 MG] / FILM COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	
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 5 Day(s) others	5	10	

Doctor Signature & Stamp :