Patient details

Date	:	17-Dec-2024 / 2:00PM - 2:15PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	45247 / IMRAN ALI KALHORO KHADIM HUSSAIN KALHORO
Mobile #	:	05296606697
Gender / DOB/Age	:	Male / 09-Feb-1997
Nationality	:	Pakistani
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-121087277-01
EMID #	:	784-1997-3462773-2

Medical Record details

Complaints

Complaints

co fever dry cough pain in throat 16th dec. 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	: 39.2	**BPS**	: 70	**BPD**	:	**Pulse**	: 78	**Height**	: 166 cm	**Weight**	: 58 kg
BMI	: 21.04805 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: RISK FOR FALL										

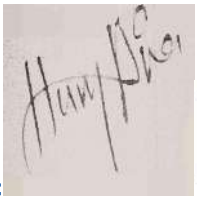
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
17-Dec-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	
17-Dec-2024	Humaira	T78.40XA	Allergy, unspecified, initial encounter	
17-Dec-2024	Humaira	K29.00	Acute gastritis without bleeding	
17-Dec-2024	Humaira	R05	Cough	
17-Dec-2024	Humaira	R50.9	Fever, unspecified	
17-Dec-2024	Humaira	J02.9	Acute pharyngitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
EZILOC 20 / (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) DELAYED RELEASE CAPSULES ESOMEPRAZOLE (AS MAGNESIUM) [20 MG] / DELAYED RELEASE CAPSULES (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 10 ml 3 times in a day	1	1	
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	
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	

Doctor Signature & Stamp :



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.