



Patient details

Date	:	17-Dec-2024 / 3:00PM - 3:15PM		
Doctor	:	Humaira(General)		
Reg # / Patient Name	:	45248 / ROSELYN TAYANES		
Mobile #	:	971553279392		
Gender / DOB/Age	:	Female / 15-Dec-1994		
Nationality	:	Philippine		
Insurance / Card#	:	NEXTCARE -OP PCP / 076E-B4C5-E1BD-B0FB		
EMID #	:	784-1994-3782030-3		

Medical Record details

Complaints

Complaints

co epigastric pain heat burn lower abdominal pain pain in urination dark colour of urine 15th dec 2024

oe chest is clear 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 : 36.8 BPS : 76 BPD : Pulse : 76 Height : 150 cm Weight : 52 kg
BMI : 23.11111 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	R50.9	Fever, unspecified	
17-Dec-2024	Humaira	R30.9	Painful micturition, unspecified	
17-Dec-2024	Humaira	R10.13	Epigastric pain	
17-Dec-2024	Humaira	N39.0	Urinary tract infection, site not specified	
17-Dec-2024	Humaira	K29.00	Acute gastritis without bleeding	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	NA	NA	
00:00:00	00:00:00	86140	C-reactive protein;	NA	NA	
00:00:00	00:00:00	81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	NA	NA	
03:44:00	04:20:00	96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	NA	NA	
03:41:00	04:00:00	0005-242802-0781	PANTONIX 40MG I.V.	NA	NA	iv push
03:41:00	04:00:00	96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	NA	NA	
15:40:05	03:41:00	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	NA	NA	
00:00:00	00:00:00	9	GP Consultation	NA	NA	
00:00:00	00:00:00	0102-152902-1001	LACTATED RINGERS INJECTION USP			
00:00:00	00:00:00	0005-136504-1021	SCOPINAL			
00:00:00	00:00:00	96374	INJECTION SERVICE-IV			

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MAALOX PLUS / (ALUMINIUM HYDROXIDE : 225 MG/5ML) (SIMETHICONE : 25 MG/5 ML) (MAGNESIUM HYDROXIDE : 200 MG/5ML) SUSPENSION ALUMINIUM HYDROXIDE/SIMETHICONE/MAGNESIUM HYDROXIDE [225 MG/5ML 25 MG/5 ML 200 MG/5ML] / SUSPENSION (180ML, PLASTIC BOTTLE) / Syrup	Take 10 ml 3 times in a day	1	1	
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN ORAL / CAPSULES (HARD GELATIN (14S, BLISTER / Capsule	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others	7	14	
ALKA-CRAN / (TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES TARTARIC ACID/SODIUM BICARBONATE/CRANBERRY EXTRACT/TRI SODIUM CITRATE ANHYDROUS/CITRIC ACID ANHYDROUS [0.89G 1.76G 0.25 G 0.63G 0.72G] / EFFERVESCENT GRANULES (10 X 4.25G, SACHET) / sachet	Take 1sachet 3 Time(s) per Day For 7 Day(s) others	7	21	
CIFRAN 500 / (CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS CIPROFLOXACIN (AS HYDROCHLORIDE) [500 MG] / FILM COATED TABLETS	Take 1Tablets 1 Time(s) per Day	7	7	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
(10S, BLISTER) / Tablets	For 7 Day(s) others			
MIRAZOL / (METRONIDAZOLE : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
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 :


