Patient details

Date	:	18-Dec-2024 / 11:30PM - 11:45PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	45267 / LEAH OSIS YURONG
Mobile #	:	971563093585
Gender / DOB/Age	:	Female / 06-Dec-1974
Nationality	:	Philippine
Insurance / Card#	:	FMC Standard Network / I019-010-120688124-01
EMID #	:	784-1974-8260365-7

Medical Record details

Complaints

Complaints

PC: Headache, generalized body pains,

Duration: 2days.

There is associated pain in throat and running nose.

Does not smoke.

Not hyypertensive and not diabetic.

Allergies

Allergy Type	Allergy Severity	Allergies	Allergy For	Physical Examination
		No Known Allergies	Unknown	

Vital Signs

Temperature	: 36.4	**BPS**	: 80	**BPD**	:	**Pulse**	: 86	**Height**	: 148 cm	**Weight**	: 62 kg
BMI	: 28.30533 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
18-Dec-2024	Enomen Goodluck	R50.9	Fever, unspecified	

Date	Doctor	ICD Code	Diagnosis	Notes
18-Dec-2024	Enomen Goodluck	R09.81	Nasal congestion	
18-Dec-2024	Enomen Goodluck	J01.00	Acute maxillary sinusitis, unspecified	
18-Dec-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
18-Dec-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	9	Consultation Gp	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
AMYDRAMINE EXPECTORANT / (SODIUM CITRATE : 57 MG/5ML (AMMONIUM CHLORIDE : 131.5 MG/5 ML (MENTHOL : 1.1 MG/5 ML (DIPHENHYDRAMINE : 13.5 MG/5ML SYRUP ORAL / SYRUP (120ML, BOTTLE / ML	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal	7	1	
MOMATE / (MOMETASONE FUROATE (AS MONOHYDRATE : 50 MCG/DOSE NASAL SPRAY NASAL / NASAL SPRAY (120 DOSE, PUMP SPRAY / Tablets	Take 2Tablets 2 Time(s) per Day For 4 Day(s) after meal	4	1	
MAXIGESIC / (IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (16S, BLISTER / Tablets	Take 2Tablets 2 Time(s) per Day For 4 Day(s) after meal	4	16	
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 10 Day(s) after meal	10	10	
MACROMAX 500 / (AZITHROMYCIN : 500 MG) FILM COATED TABLETS AZITHROMYCIN [500 MG] / FILM COATED TABLETS (6S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal	5	5	
FLUTAB / (DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal	10	20	

Doctor Signature & Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.