Patient details

Date	:	21-Dec-2024 / 4:45PM - 5:00PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	44291 / INDIKA SAMPATH WIJESURIYA KATAPULLE
Mobile #	:	0505030168
Gender / DOB/Age	:	Male / 30-May-1987
Nationality	:	Sri Lankan
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LL523860
EMID #	:	784-1987-1431050-9

Medical Record details

Complaints

Complaints

co fever on and off dry cough running nose 16th dec. 2024

oe chest is congested no added sounds

restless

Allergies

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

Vital Signs

Temperature	: 36.1	**BPS**	: 100	**BPD**	:	**Pulse**	: 102	**Height**	: 170 cm	**Weight**	: 120 kg
BMI	: 41.52249 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

Diagnosis

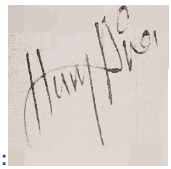
Date	Doctor	ICD Code	Diagnosis	Notes
21-Dec-2024	Humaira	R03.0	Elevated blood-pressure reading, w/o diagnosis of htn	
21-Dec-2024	Humaira	K29.00	Acute gastritis without bleeding	
21-Dec-2024	Humaira	R50.9	Fever, unspecified	
21-Dec-2024	Humaira	R05	Cough	
21-Dec-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
21-Dec-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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	
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	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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	
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	
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	

Doctor Signature & Stamp :



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