Patient details

Date	:	29-Dec-2024 / 3:30PM - 3:45PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	45374 / SHIRANTHA UDAYA KUMAR PELAPATHA LIYANA ARACHCHIGE
Mobile #	:	971556102843
Gender / DOB/Age	:	Male / 28-Sep-1980
Nationality	:	Sri Lankan
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LL523868
EMID #	:	784-1980-9637570-8

Medical Record details

Complaints

Complaints

co fever dry cough running nose 27th dec 2024

oe chest is congested no added sounds

restless

Allergies

Allergy Type	Allergy Severity	Allergies	Allergy For	Physical Examination
		No Known Allergies	Itching	BEFORE ONE YEAR

Vital Signs

Temperature	: 37.5	**BPS**	: 78	**BPD**	:	**Pulse**	: 100	**Height**	: 168 cm	**Weight**	: 71 kg
BMI	: 25.1559 bpm	**Respiratory**	: 20 bpm	**SpO2**	: 96%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: RISK FOR FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
29-Dec-2024	Humaira	K29.00	Acute gastritis without bleeding	
29-Dec-2024	Humaira	R50.9	Fever, unspecified	
29-Dec-2024	Humaira	R05	Cough	
29-Dec-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
29-Dec-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
05:15:00	06:00:00	2190-106618-1001	(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION-PARAFUSIV I.V. 10MG/ML	NA	NA	iv infusion
00:00:00	00:00:00	0188-135906-2441	(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION-PULMICORT	NA	NA	
00:00:00	00:00:00	94640	NEBULIZATION	NA	NA	
04:30:00	04:45:00	96374	IV INJECTION (W/O DRUG CHARGES)	NA	NA	
00:00:00	00:00:00	9	GP CONSULTATION	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GERDIL 20 / (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) DELAYED RELEASE CAPSULES ESOMEPRAZOLE (AS MAGNESIUM) [20 MG] / DELAYED RELEASE CAPSULES (30S, CONTAINER) / 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 :