



Patient details

Date	:	29-Dec-2024 / 8:30PM - 8:45PM
Doctor	:	MOHAMMED M HAMED(Gynaecology)
Reg # / Patient Name	:	43363 / ACHINI NUWANDI
Mobile #	:	0553862870
Gender / DOB/Age	:	Female / 26-Jul-1996
Nationality	:	Sri Lankan
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LW524133
EMID #	:	784-1996-6229026-3



Photo
Not
Available

Medical Record details

Complaints**Complaints**

by ultrasound the uterus shows thickened endometrial lining with a mass mostly intramural fibroid

the patient came complaining of inability to tolerate cold weather, irregular menstruation in the form of amenorrhea alternating with spotting since last 3 months

also irregular hair growth is obvious

Vital Signs

Temperature : 36 BPS : 87 BPD : Pulse : 88 Height : 159 cm Weight : 52 kg
BMI : 20.56881 bpm Respiratory : 18 bpm SpO2 : 99% Hip : cm Waist : cm
Head Circumference : cm
Urinalysis (Protein & Glucose) :
Notes : risk of fall

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
29-Dec-2024	MOHAMMED M HAMED	N93.9	Abnormal uterine and vaginal bleeding, unspecified	
29-Dec-2024	MOHAMMED M HAMED	N91.2	Amenorrhea, unspecified	
29-Dec-2024	MOHAMMED M HAMED	E03.9	Hypothyroidism, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	10	SP CONSULTATION	NA	NA	
00:00:00	00:00:00	76700	USG WHOLE ABDOMEN	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
DUPHASTON / (DYDROGESTERONE : 10 MG) FILM COATED TABLETS DYDROGESTERONE [10 MG] / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 10 Day(s) others	10	20	
NATURES BOUNTY C & E / (ASCORBIC ACID (VITAMIN C) : 500 MG) (VITAMIN E : 400 IU) CAPSULES (SOFT GELATIN) ASCORBIC ACID (VITAMIN C)/VITAMIN E [500 MG 400 IU] / CAPSULES (SOFT GELATIN) (50S, PLASTIC BOTTLE) / Tablets	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others	30	30	
GLUCOPHAGE / (METFORMIN HCL : 850 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 30 Day(s) others	30	60	
FOLICUM / (FOLIC ACID : 5 MG TABLETS ORAL / TABLETS (1000S, BLISTER PACK / Tablets	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)	30	1	

Doctor Signature & Stamp :

