

Patient details

Date		30-Dec-2024 /	
Date	<u> </u>	6:15PM - 6:30PM	
Doctor	:	Enomen Goodluck(General)	
Reg # / Patient Name	:	45389 / BASSAM FEKRI	
Mobile #	:	050688014	
Gender / DOB/Age	:	Male / 06-Sep- 1986	
Nationality	:	Egyptian	
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LL524016	
EMID#	:	784-1986- 1856639-6	

Medical Record details

Complaints

Complaints

PC: Pain and swelling on the right ankle.

said to have been isidous in onset as he woke up in the morning with the pains.

also has similar pain and swelling on the right kneel joint.

there is no history of trauma.

BP is noted to be elevated but he is not a hypertensive.

complained also of gaseious abdomen and slight abdominal distension.

smokes tobacco

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

Head Circumference : cm

Urinalysis (Protein & Glucose) :

Notes : RISK FOR FALL

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
30-Dec-2024	Enomen Goodluck	R14.0	Abdominal distension (gaseous)	
30-Dec-2024	Enomen Goodluck	K29.70	Gastritis, unspecified, without bleeding	
30-Dec-2024	Enomen Goodluck	182.402	Acute embolism and thombos unsp deep veins of I low extrem	
30-Dec-2024	Enomen Goodluck	M10.9	Gout, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	9	GP CONSULTATION	NA	NA	
	-					

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
CATAFLAM / (DICLOFENAC POTASSIUM : 50 MG) SUGAR COATED TABLETS DICLOFENAC POTASSIUM [50 MG] / SUGAR COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal	5	10	
DANZEN / (SERRATIOPEPTIDASE : 5 MG) ENTERIC COATED TABLETS SERRATIOPEPTIDASE [5 MG] / ENTERIC COATED TABLETS (20S, BOTTLE) / Tablets	Take 1Tablets 3 Time(s) per Day For 7 Day(s) after meal	7	21	
GUPISONE 20MG / (PREDNISOLONE : 20 MG) TABLETS PREDNISOLONE [20 MG] / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 1Time(s) perDay For 7 Day(s) after meal	7	7	



Doctor Signature & Stamp: