Patient details

Date	:	04-Jan-2025 / 10:30AM - 10:45AM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	45429 / AMIR AQEEL MUHAMMAD AQEEL BUTT
Mobile #	:	0562139237
Gender / DOB/Age	:	Male / 30-Mar-1995
Nationality	:	Pakistani
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LW528844-MAF
EMID #	:	784-1995-7743830-4

Medical Record details

Complaints

Complaints

ankle twist at work , pain , unable to walk for 1 day

bp elevated

no other med condition

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

Temperature	: 36.6	**BPS**	: 80	**BPD**	:	**Pulse**	: 84	**Height**	: 166 cm	**Weight**	: 74 kg
BMI	: 26.85441 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
04-Jan-2025	Humaira	R26.2	Difficulty in walking, not elsewhere classified	
04-Jan-2025	Humaira	R50.9	Fever, unspecified	
04-Jan-2025	Humaira	M25.571	Pain in right ankle and joints of right foot	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GUPISONE 5MG / (PREDNISOLONE : 5 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 1Time(s) perDay For 7 Day(s) others	7	7	
MOVEN 7.5MG / (MELOXICAM : 7.5 MG) CAPSULES MELOXICAM [7.5 MG] / CAPSULES (10S, BLISTER) / Cream	Take 1Cream 1 Time(s) per Day For 7 Day(s) others	7	7	
RHUMALGAN EMULGEL / (DICLOFENAC DIETHYLAMINE : 11.6 MG/ G) GEL DICLOFENAC DIETHYLAMINE [11.6 MG/ G] / GEL (50G, TUBE) / Cream	Take 1Cream 0Time(s) perDay For 7 Day(s) others	7	1	
CELEBREX 200MG / (CELECOXIB : 200 MG CAPSULES ORAL / CAPSULES (10S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) morning empty stomach	7	14	
ESOWIN 20 MG / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG GASTRO-RESISTANT TABLETS ORAL / GASTRO-RESISTANT TABLETS (14S, BLISTER / Tablets	Take 1Tablets 1Time(s) perDay For 7 Day(s) morning empty stomach	7	7	

Progress Notes

Date	Notes	Visit Plan	Other Instructions	Made By	Date Recorded
04-Jan-2025	ankle twist , swollen ankle joint not able to move , soft tissue injury 2 days leave recomended			Humaira	04-Jan-2025 10:54:36

Doctor Signature & Stamp :