Patient | 45494 | NAGABHISHEK BANGALORE | 784-1995-7180838-7 | First Time | 30 | Male | Indian | A | E CARE - Blue Network - DUBAI INSURANCE COMPANY - Default Scheme (99999)

Medical History (patient_history.aspx?patId=55531)

Billing History (patient_accounts.aspx?patId=55531)

Appointment | Visit ID 56843 | 09-Jan-2025 | Enomen Goodluck - General - DHA-P-28040827

MRN Activities(Log) | Insurance Cards | EMID Card

Vitals Alert This Patient has Vitals for Temp: 37.5°C, Pulse: 113bpm, BP: 115mmHg, Height: 175cm, Weight: 83.3kg, BMI 27.2(Obese), Blood Sugar

Start Time | Nurse Station | Doctor Evaluation | Orthopedic Case Assessment | Diagnosis | Treatments/Procedures | Packages | Prescription | Reimbursement Forms | Documents | Progress Notes | Addendum | ECARE CLAIM FORM | Other Forms | Sick Leave | End Time | Visit Summary Sheet | Nabidh Clinical Docs | Audit Log | Radiology | Laboratory | Health Declaration | Signed Documents | Image Comparison

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J30.9 - Allergic rhinitis, unspecified,R50.9 - Fever, unspecified, **Date o Onset**

Requested Investigations: 2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0005-149902-1021, CLOFEN ,0248-122107-1021, DEXAMETHASONE SODIUM PHOSPHATE,0195-107704-0801, CEFTRIAXONE-TABUK IV,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated Cost :** Enter A

Prescriptions: 0005-116801-1161 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP,0005-119805-1172 - (PREDNISOLONE : 5 MG TABLETS,2027-560101-0392 - (IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS,0252-389902-1171 - (LORATADINE : 5 MG) (PSEUDOEPHEDRINE SULPHATE : 120 MG) TABLETS,0097-127405-0392 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS, **Estimated Cost :** Enter A

MEDICAL PRACTITIONER DECLARATION :

I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

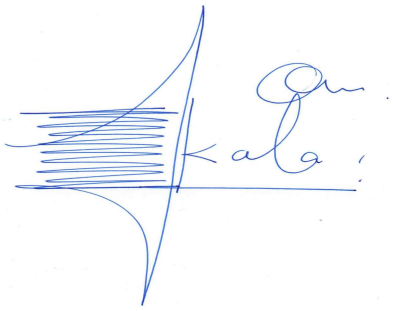
I hereby authorize any Healt Employer or other organizat regarding my medical condi determining insurance bene

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827 001

Dr's : Enomen Goodluck **Stamp :**

Patient 's signature{Parent :

Name : Enomen Goodluck **Stamp :** DHA No. 2004027-001 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E. **if minor}**

Signature :  **Date** : 09-Jan-2025

Patient Signature | Save | Close | Print

Previous History

Date	Doctor	Previous Form
No Previous Complaints Found		