Patient details

Date	:	11-Jan-2025 / 2:45PM - 3:00PM
Doctor	:	SANDIA (Dermatology)
Reg # / Patient Name	:	45510 / MARY KAY DELA CRUZ CELESTINO
Mobile #	:	582736551
Gender / DOB/Age	:	Female / 08-Jun-1993
Nationality	:	Philippine
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LW750029
EMID #	:	784-1993-6931315-2

Medical Record details

Complaints

Complaints

pc : throat pain , sneezing , nasal condestion ,bodypain with fever high grade gradual onset 4 days

difficulty breathing at night

no other med conditions

no known allergies

o/e hyperemia of pharynx wall

chest clinically clear

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	: 38.3	**BPS**	: 74	**BPD**	:	**Pulse**	: 108	**Height**	: 160 cm	**Weight**	: 70.2 kg
BMI	: 27.42187 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	: cm										
Urinalysis (Protein & Glucose)	:										
Notes	: RISK FOR FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
11-Jan-2025	SANDIA	R05	Cough	
11-Jan-2025	SANDIA	R50.9	Fever, unspecified	
11-Jan-2025	SANDIA	J30.9	Allergic rhinitis, unspecified	
11-Jan-2025	SANDIA	J02.9	Acute pharyngitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MUCOPLEXIL 0.33MG/ML / (OXOMEMAZINE : 0.33 MG/ML) SYRUP OXOMEMAZINE [0.33 MG/ML] / SYRUP (150ML, PLASTIC BOTTLE) / Syrup	Take 1Syrup 2Time(s) perDay For 10 Day(s) others	10	1	
OTRIVIN COMPLETE (OTRIVIN DUAL RELIEF / (IPRATROPIUM BROMIDE MONOHYDRATE : 0.6 MG/ML (XYLOMETAZOLINE HCL : 0.5 MG/ML NASAL SPRAY NASAL / NASAL SPRAY (10ML, HDPE BOTTLE METERED DOSE SPRAY PUMP / Spray	Take 1Spray 2 Time(s) per Day For 5 Day(s) others	5	10	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG|500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1Tablets 4 Time(s) per Day For 5 Day(s) evening	5	20	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening	5	5	
CURAM / (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS AMOXICILLIN/CLAVULANIC ACID [500 MG|125 MG] / FILM COATED TABLETS (20S, FOIL STRIP) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	

Doctor Signature & Stamp :