Patient details

Date	:	10-Feb-2025 / 9:00PM - 9:15PM
Doctor	:	DR Amaizah(General)
Reg # / Patient Name	:	27193 / NISHANTHI PUSHPA KUMARI WELLAGE
Mobile #	:	0557160220
Gender / DOB/Age	:	Female / 26-Feb-1981
Nationality	:	Sri Lankan
Insurance / Card#	:	FMC Standard Network / I005-010-116223024-01
EMID #	:	784-1981-6496879-8

Medical Record details

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	: 36.5	**BPS**	: 90	**BPD**	:	**Pulse**	: 76	**Height**	: 165 cm	**Weight**	: 56 kg
BMI	: 20.56933 bpm	**Respiratory**	: 16 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: risk of fall										

Diagnosis

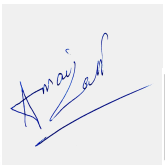
Date	Doctor	ICD Code	Diagnosis	Notes
10-Feb-2025	DR Amaizah	M05.822	Oth rheumatoid arthritis w rheumatoid factor of left elbow	
10-Feb-2025	DR Amaizah	K29.00	Acute gastritis without bleeding	
10-Feb-2025	DR Amaizah	R21	Rash and other nonspecific skin eruption	
10-Feb-2025	DR Amaizah	M25.542	Pain in joints of left hand	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
VOLTAREN EMULGEL / (DICLOFENAC SODIUM (AS DIETHYLAMINE) : 10 MG/G) GEL DICLOFENAC SODIUM (AS DIETHYLAMINE) [10 MG/G] / GEL (75G, DISPENSER) / Gel	Take 1Gel 1 Time(s) per Day For 3 Day(s) others	3	3	
MAXILASE TABLETS / (SERRATIOPEPTIDASE : 10 MG) TABLETS SERRATIOPEPTIDASE [10 MG] / TABLETS (30S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 3 Day(s) others	3	3	
PUMPINOX 20MG / (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS ESOMEPRAZOLE (AS MAGNESIUM) [20 MG] / FILM COATED TABLETS (28S, HDPE BOTTLE) / Tablets	Take 1Tablets 1 Time(s) per Day For 10 Day(s) morning empty stomach	10	10	
COXIB 200 / (CELECOXIB : 200 MG) CAPSULES (HARD GELATIN) CELECOXIB [200 MG] / CAPSULES (HARD GELATIN) (10S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others	3	6	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GUPISONE / (PREDNISOLONE : 5 MG) TABLETS PREDNISOLONE [5 MG] / TABLETS (200S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 3 Day(s) others	3	3	

Doctor Signature & Stamp :



Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
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