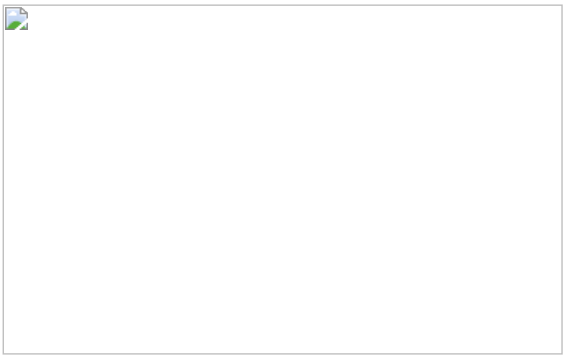
Patient details

Date	:	03-Mar-2025 / 7:00PM - 7:15PM
Doctor	:	DR Amaizah(General)
Reg # / Patient Name	:	46036 / TEYASHA PAL NARAYAN PAL
Mobile #	:	0545462485
Gender / DOB/Age	:	Female / 23-May-1998
Nationality	:	Indian
Insurance / Card#	:	FMC Standard Network / I019-010-119814474-01
EMID #	:	784-1998-2758002-0



Medical Record details

Complaints

Complaints

PC : NAUSEA , VOMITTING , EPIGASTRIC PAIN , STARTED FEW DAYS BACK

LOOSE STOOL EPISODE ALMOST 8 EPISODES OF WATERY DIAHREA STARTED 2/03/25

O/E : LOOK PALE LETHARGIC

DEHYDARTED

TENDER EPIGASTRIC REGION

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	**BPS**	: 70	**BPD**	:	**Pulse**	: 86	**Height**	: 158 cm	**Weight**	: 65 kg
BMI	: 26.03749 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK OF FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
03-Mar-2025	DR Amaizah	R19.7	Diarrhea, unspecified	
03-Mar-2025	DR Amaizah	R52	Pain, unspecified	
03-Mar-2025	DR Amaizah	E86.0	Dehydration	
03-Mar-2025	DR Amaizah	R11.2	Nausea with vomiting, unspecified	
03-Mar-2025	DR Amaizah	K29.00	Acute gastritis without bleeding	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
FURAZOL / (DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS DILOXANIDE FUROATE/METRONIDAZOLE [250 MG|200 MG] / TABLETS (20S, BLISTER PACK) / sachet	Take 1sachet 2 Time(s) per Day For 3 Day(s) others	3	6	
ORALITE / (ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION ORAL REHYDRATION SALTS (O.R.S.) [N/A] / POWDER FOR SOLUTION (28.5G X 10, SACHET) / sachet	Take 1sachet 2Time(s) perDay For 3 Day(s) others	3	1	
SCOPINAL / (HYOSCINE : 10 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (1000S, BLISTER PACK / Tablets	Take 1Tablets 1 Time(s) per Day For 2 Day(s) after meal	2	2	
BIOCIUM / (CALCIUM : 400 MG) (VITAMIN D3 : 200 IU) (MAGNESIUM : 100 MG) (ZINC : 4 MG) TABLETS CALCIUM/VITAMIN D3/MAGNESIUM/ZINC [400 MG|200 IU|100 MG|4 MG] / TABLETS (30S, BOX) / Tablets	Take 1Tablets 1Time(s) perDay For 30 Day(s) after meal	30	30	

Doctor Signature & Stamp :

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E