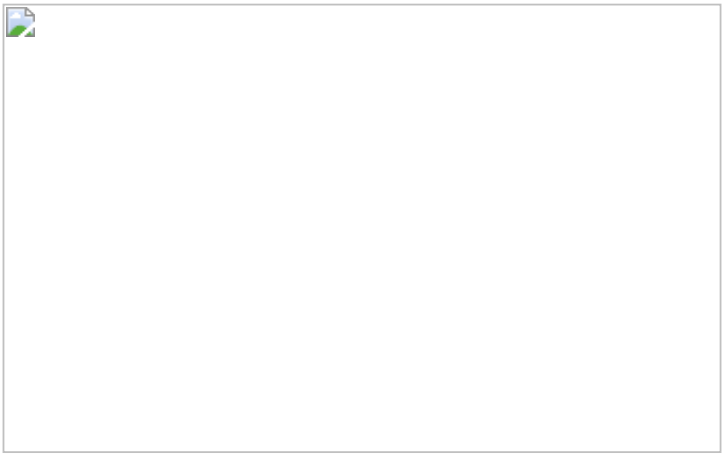
Patient details

Date	:	13-Mar-2025 / 6:45PM - 7:00PM
Doctor	:	DR Amaizah(General)
Reg # / Patient Name	:	32626 / IHSSANE YAALA
Mobile #	:	0501543860
Gender / DOB/Age	:	Female / 07-Nov-1998
Nationality	:	Moroccan
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-117253227-01
EMID #	:	784-1998-9339950-3



Medical Record details

Complaints

Complaints

pc /; sore throat , sneezing , cough with sputUM

fever high grade STARTED on 12 MARCH 2025

she took only panadol

no drug allergies

o/e ; look pale lethargic

dehydrated

hyperemic throat

CHEST WHEEZING

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	: 36.8	**BPS**	: 70	**BPD**	:	**Pulse**	: 88	**Height**	: 154 cm	**Weight**	: 44 kg
BMI	: 18.55288 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 97%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: risk of fall										

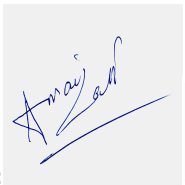
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
13-Mar-2025	DR Amaizah	K29.00	Acute gastritis without bleeding	
13-Mar-2025	DR Amaizah	J45.991	Cough variant asthma	
13-Mar-2025	DR Amaizah	R50.9	Fever, unspecified	
13-Mar-2025	DR Amaizah	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
PANADOL ADVANCE / (PARACETAMOL : 500 MG) FILM COATED TABLETS PARACETAMOL [500 MG] / FILM COATED TABLETS (48S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 3 Day(s) after meal	3	6	
AMYDRAMINE EXPECTORANT / (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP (SUGAR FREE) SODIUM CITRATE/AMMONIUM CHLORIDE/MENTHOL/DIPHENHYDRAMINE [57 MG/5ML|131.5 MG/5 ML|1.1 MG/5 ML|13.5 MG/5ML] / SYRUP (SUGAR FREE) (120ML, GLASS BOTTLE) / Syrup	15 ml twice daily	7	1	
CURAM / (AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, FOIL STRIP / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
GUPISONE 5MG / (PREDNISOLONE : 5 MG) TABLETS PREDNISOLONE [5 MG] / TABLETS (40S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal	5	5	
ARTIZ / (CETIRIZINE HCL : 10 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (10S, BLISTER PACK / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening	5	5	

Doctor Signature & Stamp :



Dr. Amaizah Ishtiaq
General Practitioner
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