



Patient details

Date	:	17-Mar-2025 / 3:30PM - 3:45PM		
Doctor	:	DR Amaizah(General)		
Reg # / Patient Name	:	38607 / SUNIL KUMAR SURINEEDA GANGADHAR SURINEEDA		
Mobile #	:	0545109753		
Gender / DOB/Age	:	Male / 27-Nov-1988		
Nationality	:	Indian		
Insurance / Card#	:	FMC Standard Network / I005-010-117287584-01		
EMID #	:	784-1988-0210752-8		

Medical Record details

Complaints

Complaints
pc : pain and swelling of rt side of jaw associated with high grade fever on and off started 10/03/25
smokes cigarretes
o/e : swollen gums , mucosal fibrosis
tender tmj

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 : 38.4 BPS : 78 BPD : Pulse : 100 Height : 165 cm Weight : 63 kg
BMI : 23.1405 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
17-Mar-2025	DR Amaizah	K12.30	Oral mucositis (ulcerative), unspecified	
17-Mar-2025	DR Amaizah	R21	Rash and other nonspecific skin eruption	
17-Mar-2025	DR Amaizah	R50.9	Fever, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
PUMPINOX 20MG / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (28S, HDPE BOTTLE / Tablets	Take 1Tablets 1 Time(s) per Day For 14 Day(s) morning empty stomach	14	14	
VITA ORTHOCAL-DK / (VITAMIN D3 : 400 IU) (MAGNESIUM : 48 MG) (ZINC : 3.4 MG) (VITAMIN K2 : 90 MCG) (CALCIUM : 320 MG) TABLETS VITAMIN D3/MAGNESIUM/ZINC/VITAMIN K2/CALCIUM [400 IU 48 MG 3.4 MG 90 MCG 320 MG] / TABLETS (60S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 30 Day(s) after meal	30	30	
CURAM / (CLAVULANIC ACID : 125 MG (AMOXICILLIN : 875 MG TABLETS ORAL / TABLETS (14S, STRIP / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal	5	5	
GUPISONE 20MG / (PREDNISOLONE : 20 MG) TABLETS PREDNISOLONE [20 MG] / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal	5	5	
MAXILASE TABLETS / (SERRATIOPEPTIDASE : 10 MG TABLETS ORAL / TABLETS (30S, BLISTER / Tablets	Take 1Tablets 1Time(s) perDay For 7 Day(s) after meal	7	7	

Doctor Signature & Stamp :

