



Patient details

Date	:	19-Mar-2025 / 2:30PM - 2:45PM
Doctor	:	AISHA(General)
Reg # / Patient Name	:	38083 / MD MORSHED ALI MD ABUL BASHAR
Mobile #	:	0557355739
Gender / DOB/Age	:	Male / 10-Feb-1981
Nationality	:	Bangladeshi
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-115298157-01
EMID #	:	784-1981-9152143-8



Photo
Not
Available

Medical Record details

Complaints

Complaints

PATIENT CAME WITH HIGH GRADE FEVER RUNNY NOSE AND THROAT PAIN FOR ONE DAY

COUGH PRODUCTIVE

CHEST CONGESTED WHEEZING

THROAT HYPEREMIC

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 : 37.23 BPS : 70 BPD : Pulse : 100 Height : 177 cm Weight : 72 kg
BMI : 22.9819 bpm Respiratory : 18 bpm SpO2 : 99% Hip : cm Waist : cm
Head Circumference : cm

Urinalysis (Protein & Glucose) :
Notes : RISK FOR FALL

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
19-Mar-2025	AISHA	J30.9	Allergic rhinitis, unspecified	
19-Mar-2025	AISHA	K29.00	Acute gastritis without bleeding	
19-Mar-2025	AISHA	R06.2	Wheezing	
19-Mar-2025	AISHA	R05	Cough	
19-Mar-2025	AISHA	R50.9	Fever, unspecified	
19-Mar-2025	AISHA	J02.9	Acute pharyngitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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) others	5	5	
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE) DIPHENHYDRAMINE [12.5 MG/5ML] / SYRUP (SUGAR FREE) (120ML, BOTTLE) / Syrup	Take 1Syrup 2 Time(s) per Day For 5 Day(s) others	5	10	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others	3	6	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG 500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1Tablets 3 Time(s) per Day For 5 Day(s) others	5	15	
AUGMENTIN 375MG / (AMOXICILLIN : 250 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS AMOXICILLIN/CLAVULANIC ACID [250 MG 125 MG] / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	

Doctor Signature & Stamp :

