



Patient details

Date	:	06-Apr-2025 / 4:00PM - 4:15PM
Doctor	:	AISHA(General)
Reg # / Patient Name	:	44654 / MUHAMMAD GHAZANFAR
Mobile #	:	0502297033
Gender / DOB/Age	:	Male / 03-Aug-1995
Nationality	:	Pakistani
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LW730415-MAF
EMID #	:	784-1995-1085743-8



Photo
Not
Available

Medical Record details

Complaints

Complaints

patient came with high grade fever throat pain runny nose along with body pain for one day

throat is hyperemic

chest is clear

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 : 37.4 BPS : 86 BPD : Pulse : 86 Height : 172 cm Weight : 61 kg
BMI : 20.61925 bpm Respiratory : 18 bpm SpO2 : 98% Hip : cm Waist : cm
Head Circumference : cm

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

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
06-Apr-2025	AISHA	J30.9	Allergic rhinitis, unspecified	
06-Apr-2025	AISHA	R05	Cough	
06-Apr-2025	AISHA	R50.9	Fever, unspecified	
06-Apr-2025	AISHA	J02.9	Acute pharyngitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MACROMAX 500 / (AZITHROMYCIN : 500 MG) FILM COATED TABLETS AZITHROMYCIN [500 MG] / FILM COATED TABLETS (3S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	
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	
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	
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	

Doctor Signature & Stamp :

