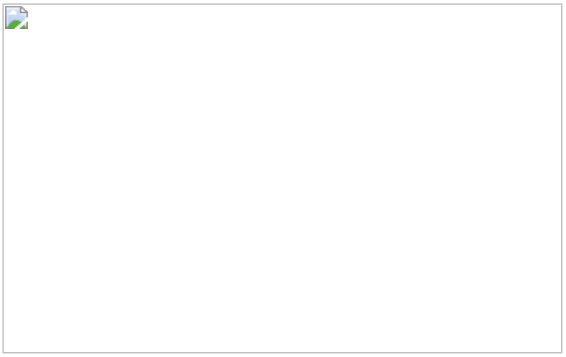
Patient details

Date	:	15-Apr-2025 / 9:30AM - 9:45AM
Doctor	:	DR Amaizah(General)
Reg # / Patient Name	:	39684 / INNOCENT IHECHILURU ORIAKU
Mobile #	:	0509906170
Gender / DOB/Age	:	Male / 21-Nov-1987
Nationality	:	Nigerian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-115298038-01
EMID #	:	784-1987-1085704-0



Medical Record details

Complaints

Complaints

pc : sore throat , bodypain , aeezing , headache coufgh wot sputum started 10/04/25

o/e : look pale

hypermic pharynx

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	: 37.8	BPS	: 80	BPD	:	Pulse	: 74	Height	: 183 cm	Weight	: 98 kg
BMI	: 29.26334 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
15-Apr-2025	DR Amaizah	R05	Cough	
15-Apr-2025	DR Amaizah	R52	Pain, unspecified	
15-Apr-2025	DR Amaizah	J02.9	Acute pharyngitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
CURAM 625MG / (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS AMOXICILLIN/CLAVULANIC ACID [500 MG|125 MG] / FILM COATED TABLETS (20S, FOIL STRIP) / sachet	Take 1sachet 2 Time(s) per Day For 5 Day(s) after meal	5	10	
VOLTFAST / (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION DICLOFENAC POTASSIUM [50 MG] / POWDER FOR SOLUTION (30S, SACHET) / sachet	Take 1sachet 2 Time(s) per Day For 3 Day(s) after meal	3	6	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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 1 Time(s) per Day For 30 Day(s) after meal	30	30	
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 SODIUM CITRATE/AMMONIUM CHLORIDE/MENTHOL/DIPHENHYDRAMINE [57 MG/5ML|131.5 MG/5 ML|1.1 MG/5 ML|13.5 MG/5ML] / SYRUP (120ML, BOTTLE) / ML	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal	7	1	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 3 Day(s) evening	3	3	

Doctor Signature & Stamp :

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