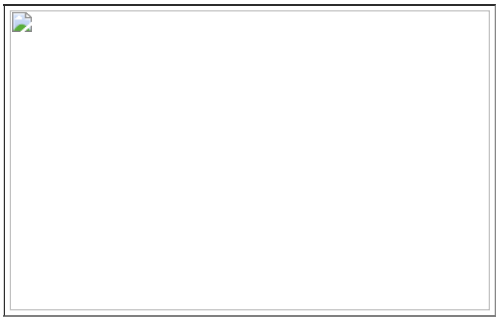
Patient details

Date	:	02-May-2025 / 9:00AM - 9:15AM
Doctor	:	DR Amaizah(General)
Reg # / Patient Name	:	46643 / SALMA RAAH KATSANDE
Mobile #	:	0521994716
Gender / DOB/Age	:	Female / 13-Dec-2003
Nationality	:	Zimbabwean
Insurance / Card#	:	FMC Standard Network / I005-010-121967329-01
EMID #	:	784-2003-7812501-5



Medical Record details

Complaints

Complaints

FOLLOW UP , CONDITION NOT IMPROVED

NOW GENRALIZED ABDOMINLA PAIN

PREVIOUS HX OF GASTRIC ULCERS

PAIN IN RT ILIAC FOSSA SEVERE 8 ON PAIN SCALE , very discomfort feeling , ASSOCIATED WITH , NAUSEA AND VOMITTING 10 EPISOEDS , LOSS OF APPETITE , FEVER 37.9

NOT RESPONDING TO ORAL MEDICATIONS

SHEE NEEDS IV HYDRATION AND ANTIEMETIC DUE TO SEVERE VOMITTING

O/E :

LOOK IRRITABLE DUE TO SEVERE PAIN AND FEVER

TENDER RT ILIAC FOSSA , REBOUND TENDERNESS

Vital Signs

Temperature	: 37.7	**BPS**	: 60	**BPD**	:	**Pulse**	: 99	**Height**	: 159 cm	**Weight**	: 61 kg
BMI	: 24.12879 bpm	**Respiratory**	: 0 bpm	**SpO2**	: %	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	:										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
02-May-2025	DR Amaizah	K37	Unspecified appendicitis	
02-May-2025	DR Amaizah	A09	Infectious gastroenteritis and colitis, unspecified	
02-May-2025	DR Amaizah	K29.00	Acute gastritis without bleeding	
02-May-2025	DR Amaizah	R11.2	Nausea with vomiting, unspecified	
02-May-2025	DR Amaizah	R10.84	Generalized abdominal pain	
02-May-2025	DR Amaizah	R50.9	Fever, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MAXIGESIC / (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS IBUPROFEN/PARACETAMOL [150 MG|500 MG] / FILM COATED TABLETS (32S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 3 Day(s) after meal	3	6	
MAALOX PLUS / (ALUMINIUM HYDROXIDE : 225 MG/5ML) (SIMETHICONE : 25 MG/5 ML) (MAGNESIUM HYDROXIDE : 200 MG/5ML) SUSPENSION ALUMINIUM HYDROXIDE/SIMETHICONE/MAGNESIUM HYDROXIDE [225 MG/5ML|25 MG/5 ML|200 MG/5ML] / SUSPENSION (180ML, PLASTIC BOTTLE) / ML	Take 15ML 2 Time(s) per Day For 7 Day(s) after meal	7	1	
PUMPINOX 20MG / (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS ESOMEPRAZOLE (AS MAGNESIUM) [20 MG] / FILM COATED TABLETS (14S, HDPE BOTTLE) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) morning empty stomach	7	7	
STIFFANO 150 MG / (TOLPERISONE HCL : 150 MG) FILM COATED TABLETS TOLPERISONE HCL [150 MG] / FILM COATED TABLETS (30S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 3 Day(s) after meal	3	3	
VOLTAREN SR / (DICLOFENAC SODIUM : 75 MG) COATED TABLETS DICLOFENAC SODIUM [75 MG] / COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal	5	5	
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	
ZOFRAN 8MG / (ONDANSETRON (AS HCL) : 8 MG) TABLETS ONDANSETRON (AS HCL) [8 MG] / TABLETS (10S, BLISTER) / Tablets	Take 1Tablets 3 Time(s) per Day For 3 Day(s) before meal	3	9	
CIPROXEN 500MG / (CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS CIPROFLOXACIN (AS HYDROCHLORIDE) [500 MG] / FILM COATED TABLETS (10S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal	5	10	
OROLYTE 21.80 GM - ORANGE & LEMON FLAVOUR / (SODIUM CHLORIDE : 2.6 G) (POTASSIUM CHLORIDE : 1.5 G) (SODIUM CITRATE : 2.9 G) (DEXTROSE ANHYDROUS : 13.5 G) POWDER FOR SOLUTION SODIUM CHLORIDE/POTASSIUM CHLORIDE/SODIUM CITRATE/DEXTROSE ANHYDROUS [2.6 G|1.5 G|2.9 G|13.5 G] / POWDER FOR SOLUTION (10X21.8G, SACHET) / Tablets	Take 1sachet 2 Time(s) per Day For 3 Day(s) others	3	6	
SCOPINAL / (HYOSCINE : 10 MG) FILM COATED TABLETS HYOSCINE [10 MG] / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 3 Day(s) after meal	3	6	
VOLTAREN RETARD / (DICLOFENAC SODIUM : 100 MG) FILM COATED TABLETS DICLOFENAC SODIUM [100 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 3 Day(s) after meal	3	6	

Doctor Signature & Stamp : 

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