



Patient details

Date	:	26-May-2025 / 2:00PM - 2:15PM		
Doctor	:	DR Amaizah(General)		
Reg # / Patient Name	:	22469 / MUHAMMAD HAYAT KHAN KHURSHID KHAN		
Mobile #	:	555172707		
Gender / DOB/Age	:	Male / 01-Jan-1986		
Nationality	:	Pakistani		
Insurance / Card#	:	NEXTCARE -OP PCP / 3AA7-0632-6D97-0FE2		
EMID #	:	784-1983-9279835-5		

Medical Record details

Complaints

pc : sevre pain at anal area 08 on pain scale cauing discomfort and itching and pus discharge

hx of hemorrhoids

o/e :

elevated bp

perianal abcess

tenderness

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 : 36.6 **BPS** : 80 **BPD** : **Pulse** : 74 **Height** : 179 cm **Weight** : 85.4 kg
BMI : 26.65335 bpm **Respiratory** : 18 bpm **SpO2** : 98% **Hip** : cm **Waist** : cm
Head Circumference : cm
Urinalysis (Protein & Glucose) :
Notes : RISK FOR FALL

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
26-May-2025	DR Amaizah	K64.8	Other hemorrhoids	
26-May-2025	DR Amaizah	R50.9	Fever, unspecified	
26-May-2025	DR Amaizah	R52	Pain, unspecified	
26-May-2025	DR Amaizah	K61.0	Anal abscess	

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 5 Day(s) after meal	5	10	
TOPIZONE / (BETAMETHASONE : 0.10%) (FUSIDIC ACID : 2%) CREAM BETAMETHASONE/FUSIDIC ACID [0.10% 2%] / CREAM (15G, COLLAPSIBLE TUBE) / Cream	apply on perianal area	1	1	
NEOHEALAR OINTMENT / (HERBS : N/A) RECTAL OINTMENT HERBS [N/A] / RECTAL OINTMENT (30G, TUBE + APPLICATOR) / Ointment	Take 1Ointment 1Time(s) perDay For 7 Day(s) others	7	1	
CURAM 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG 875 MG] / TABLETS (14S, STRIP) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) after meal	7	7	

Doctor Signature & Stamp :

