



Patient details

Date	:	29-May-2025 / 12:30AM - 12:45AM
Doctor	:	Dr.Farhan Iyas (General)
Reg # / Patient Name	:	40565 / SHIHABUDHHEN KUNNATH
Mobile #	:	0581761961
Gender / DOB/Age	:	Male / 30-Mar-1986
Nationality	:	Indian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-118260850-01
EMID #	:	784-1986-1175649-9



Photo
Not
Available

Medical Record details

Complaints

Complaints

p/c: fever
taken tablet Panadol 2 days but still fever
flu
cough
headache
sore throat
duration: since 2 days
o/e : hyperemia and chest congestion

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 : 37.5 BPS : 74 BPD : Pulse : 81 Height : 170 cm Weight : 76 kg
BMI : 26.29758 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
29-May-2025	Dr.Farhan Iyas	E86.0	Dehydration	

Date	Doctor	ICD Code	Diagnosis	Notes
29-May-2025	Dr.Farhan Iyas	R51.9	Headache, unspecified	
29-May-2025	Dr.Farhan Iyas	R50.9	Fever, unspecified	
29-May-2025	Dr.Farhan Iyas	R05	Cough	
29-May-2025	Dr.Farhan Iyas	J06.9	Acute upper respiratory infection, 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) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others	5	5	
PANADOL ADVANCE / (PARACETAMOL : 500 MG) FILM COATED TABLETS PARACETAMOL [500 MG] / FILM COATED TABLETS (24S, BLISTER PACK) / Tablets	Take 1Tablets 3 Time(s) per Day For 5 Day(s) others	5	15	
KLARFAST / (LORATADINE : 10 MG) TABLETS LORATADINE [10 MG] / TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP BUTAMIRATE DIHYDROGEN CITRATE [0.15% W/V] / SYRUP (200ML, BOTTLE) / ML	Take 10ML 3 Time(s) per Day For 5 Day(s) others	5	1	

Doctor Signature & Stamp :

