



Patient details

Date	:	29-Jul-2025 / 2:30PM - 2:45PM
Doctor	:	AISHA(General)
Reg # / Patient Name	:	41394 / FAIZAN LIAQAT LIAQAT ALI
Mobile #	:	0509038992
Gender / DOB/Age	:	Male / 03-Sep- 1989
Nationality	:	Pakistani
Insurance / Card#	:	NAS VN / 924G-G24C- DCDG-1DEA
EMID #	:	784-1989- 0492950-6



Medical Record details

Complaints

Complaints

pc : high grade fever with cough ,runny nose body pain

hopc : pt came with the complain of high grade fever along with cough ,and runny nose started two days back

o/e throat is hyperemic

chest is congested

allergies : none

pmh : none

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 : 80 BPD : Pulse : 82 Height : 174 cm Weight : 78.3 kg

BMI : 25.86207 bpm Respiratory : 18 bpm SpO2 : 99% Hip : cm Waist : cm
Head Circumference : cm
Urinalysis (Protein & Glucose) :
Notes : risk of fall

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
29-Jul-2025	AISHA	R06.2	Wheezing	
29-Jul-2025	AISHA	R05	Cough	
29-Jul-2025	AISHA	E86.0	Dehydration	
29-Jul-2025	AISHA	J30.89	Other allergic rhinitis	
29-Jul-2025	AISHA	R52	Pain, unspecified	
29-Jul-2025	AISHA	J02.9	Acute pharyngitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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 (5ML X 20, SACHET) / 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 (48S, BOX) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	
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 5 Day(s) others	5	10	
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 2 Time(s) per Day For 5 Day(s) others	5	10	

Doctor Signature & Stamp :

