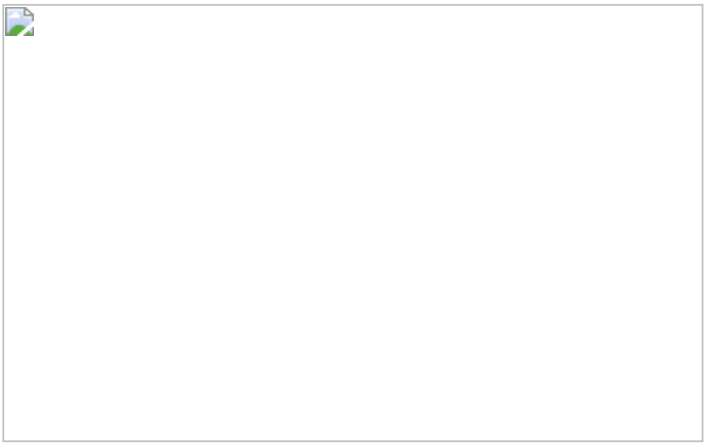
Patient details

Date	:	06-Aug-2025 / 9:45AM - 10:00AM
Doctor	:	KEERTHANA(General)
Reg # / Patient Name	:	45811 / MAHMOUD YASSER ALSHIKH MAHMOUD
Mobile #	:	0505441750
Gender / DOB/Age	:	Male / 22-Sep-1993
Nationality	:	Syrian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-116276447-01
EMID #	:	784-1993-6207142-7



Medical Record details

Complaints

Complaints

PC fever,nausea,vomiting,headache,bodypain,throat pain

HOPC fever,nausea,vomiting,headache,bodypain,throat pain that started since 12 am today

His child had the similar symptoms for the last two days

O\E he looks pale and dehydrated

Chest clear

Tonsils edematous and pustule present

No history of drug allergy

No family history of HTN

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	: 37.7	**BPS**	: 100	**BPD**	:	**Pulse**	: 88	**Height**	: 179 cm	**Weight**	: 100 kg
BMI	: 31.21001 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
06-Aug-2025	KEERTHANA	R50.9	Fever, unspecified	
06-Aug-2025	KEERTHANA	K29.00	Acute gastritis without bleeding	
06-Aug-2025	KEERTHANA	R11.10	Vomiting, unspecified	
06-Aug-2025	KEERTHANA	E86.0	Dehydration	
06-Aug-2025	KEERTHANA	R52	Pain, unspecified	
06-Aug-2025	KEERTHANA	R51.9	Headache, unspecified	
06-Aug-2025	KEERTHANA	J03.90	Acute tonsillitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ORS - REDUCED OSMOLARITY (ORANGE FLAVOUR) / (ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION ORAL REHYDRATION SALTS (O.R.S.) [N/A] / POWDER FOR SOLUTION (10S, SACHET) / sachet	Take 2sachet 3 Time(s) per Day For 3 Day(s) others	3	18	
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN) ESOMEPRAZOLE (AS MAGNESIUM) [20 MG] / CAPSULES (HARD GELATIN) (14S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 3 Day(s) others	3	3	
AUGMENTIN 625MG / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|500 MG] / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others	3	6	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG|500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1Tablets 3 Time(s) per Day For 3 Day(s) others	3	9	
VOMRAN 4MG / (ONDANSETRON (AS HCL) : 4 MG) FILM COATED TABLETS ONDANSETRON (AS HCL) [4 MG] / FILM COATED TABLETS (10S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 2 Day(s) others	2	4	

Doctor Signature & Stamp :