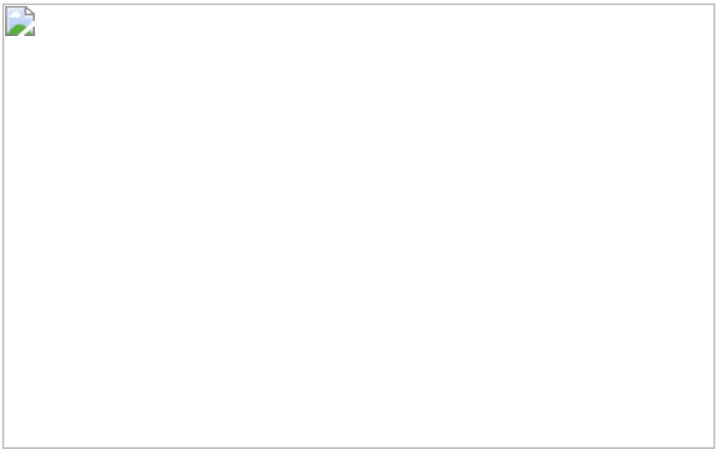
Patient details

Date	:	15-Feb-2024 / 2:15PM - 2:20PM
Doctor	:	Sajid Sanaullah(General)
Reg # / Patient Name	:	42507 / KASHIRAM THAKUR
Mobile #	:	0581638700
Gender / DOB/Age	:	Male / 16-Mar-1997
Nationality	:	Nepalese
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / I038-037-115190908-01
EMID #	:	784-1997-1413504-5



Medical Record details

Complaints

Complaints
C/O ITCHING ON FORHEAD SINCE 5 DAYS ON ASSESMENT RASHES AND REDNESS SEEN ON SIDES OF FORHEAD

Allergies

Allergy Type	Allergy Severity	Allergies	Allergy For	Physical Examination
		No Known Allergies	Unknown	

Vital Signs

Temperature	: 36.6	**BPS**	: 90	**BPD**	:	**Pulse**	: 75	**Height**	: 170 cm	**Weight**	: 62 kg
BMI	: 21.45329 bpm	**Respiratory**	: 22 bpm	**SpO2**	: 96%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: risk of fall										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
15-Feb-2024	Sajid Sanaullah	L50.9	Urticaria, unspecified	
15-Feb-2024	Sajid Sanaullah	T78.40XA	Allergy, unspecified, initial encounter	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
EMILORA 10MG / (LORATADINE : 10 MG) TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	

Doctor Signature & Stamp :