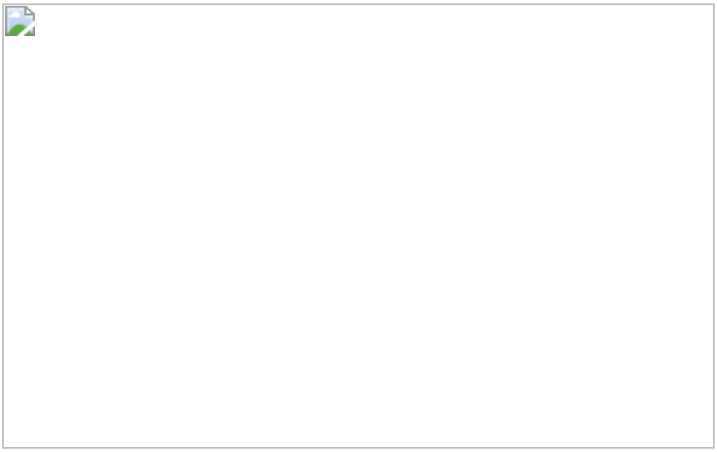
Patient details

Date	:	02-Mar-2024 / 7:35PM - 7:40PM
Doctor	:	Sajid Sanaullah(General)
Reg # / Patient Name	:	42658 / Md. Ramim Mia
Mobile #	:	0563121404
Gender / DOB/Age	:	Male / 08-Dec-1988
Nationality	:	Bangladeshi
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / I007-037-113383744-01
EMID #	:	784-1988-4924943-2



Medical Record details

Complaints

Complaints

C/o: Pain in throat for the past 10days,

Also cough,

No fever.

A known hypertensive on olmedine (olmesartan and amlodipine).

Vital Signs

Temperature	: 36.6	**BPS**	: 102	**BPD**	:	**Pulse**	: 83	**Height**	: 166 cm	**Weight**	: 71.8 kg
BMI	: 26.05603 bpm	**Respiratory**	: 20 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: risk of fall										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
02-Mar-2024	Sajid Sanaullah	I10	Essential (primary) hypertension	
02-Mar-2024	Sajid Sanaullah	J02.8	Acute pharyngitis due to other specified organisms	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
COVERAM / (AMLODIPINE : 10 MG) (PERINDOPRIL : 10 MG) TABLETS ORAL / TABLETS (30S, POLYPROPYLENE TUBE) / Tablets	Take 1Tablets 1Time(s) perDay For 30 Day(s) morning	30	30	
MAXIGESIC / (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (16S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 5	5	10	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
	Day(s) after meal			
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 (SUGAR FREE) ORAL / SYRUP (SUGAR FREE) (120ML, GLASS BOTTLE) / ML	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal	7	1	
CLARITINE / (LORATADINE : 10 MG) TABLETS ORAL / TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 10 Day(s) evening	10	10	
OLMEDINE HCT 40/10/12.5 MG / (OLMESARTAN MEDOXOMIL : 40 MG) (AMLODIPINE (AS BESYLATE) : 10 MG) (HYDROCHLOROTHIAZIDE : 12.5 MG) TABLETS ORAL / TABLETS (28S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 30 Day(s) morning	30	30	
GUPISONE 5MG / (PREDNISOLONE : 5 MG) TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets	Take 2Tablets 1Time(s) perDay For 7 Day(s) evening	7	14	
FLUTAB SINUS / (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE HCL : 30 MG) TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2Time(s) perDay For 10 Day(s) after meal	10	20	

Doctor Signature & Stamp :