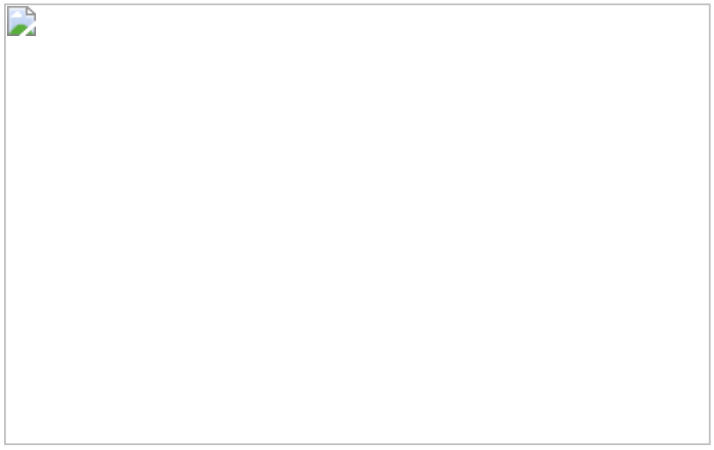
Patient details

Date	:	13-Mar-2024 / 10:50AM - 10:55AM
Doctor	:	Maimoona(General)
Reg # / Patient Name	:	42745 / Subramani Sonai Muthu
Mobile #	:	0526027805
Gender / DOB/Age	:	Male / 02-May-1978
Nationality	:	Indian
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LL391712
EMID #	:	784-1978-2030621-1



Medical Record details

Complaints

Complaints
c/o fever ,body pain and cough since 2 days

Vital Signs

Temperature	: 36.6	**BPS**	: 72	**BPD**	:	**Pulse**	: 75	**Height**	: 151 cm	**Weight**	: 60.5 kg
BMI	: 26.53392 bpm	**Respiratory**	: 19 bpm	**SpO2**	: 22%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: risk of fall										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
13-Mar-2024	Maimoona	R52	Pain, unspecified	
13-Mar-2024	Maimoona	R05	Cough	
13-Mar-2024	Maimoona	J06.9	Acute upper respiratory infection, unspecified	
13-Mar-2024	Maimoona	R50.9	Fever, 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 ORAL / SYRUP (5ML X 20, SACHET) / Syrup	Take 1oml syrup 1 Time(s) per Day For 7 Day(s) after meal	7	7	
VOLTFAST / (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION ORAL / POWDER FOR SOLUTION (30S, SACHET) / sachet	Take 1sachet 2 Time(s) per Day For 7 Day(s) after meal	7	14	
GUPISONE 5MG / (PREDNISOLONE : 5 MG) TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal	5	10	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
Z-MYCIN 500MG / (AZITHROMYCIN : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (3S, BLISTER PACK) / Tablets	Take 1Tablets 1Time(s) perDay For 7 Day(s) after meal	7	7	

Doctor Signature & Stamp :