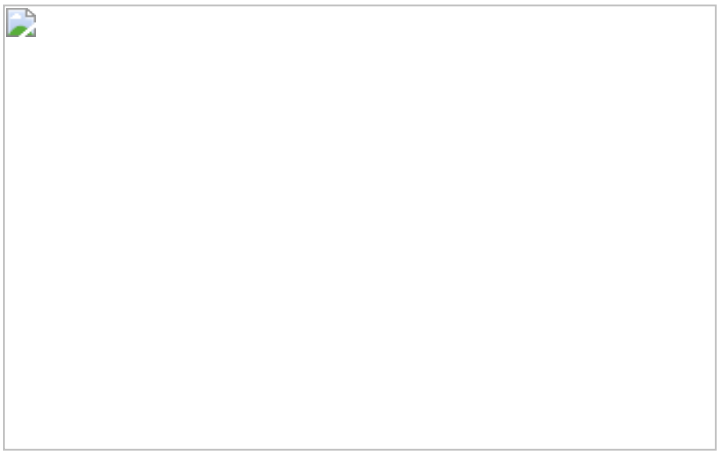
Patient details

Date	:	23-Mar-2024 / 4:30PM - 4:45PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	42804 / Pahan Akalanka Weerapperuma Achchi Athukoralag
Mobile #	:	0509533027
Gender / DOB/Age	:	Male / 21-Aug-1999
Nationality	:	Sri Lankan
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LL524008
EMID #	:	784-1999-8977924-6



Medical Record details

Complaints

Complaints
Cold and flu since yesterday. No fever no pan in throat. Nadal congestion.

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	: 36.8	**BPS**	: 80	**BPD**	:	**Pulse**	: 82	**Height**	: 1477 cm	**Weight**	: 76 kg
BMI	: 0.3483795 bpm	**Respiratory**	: 22 bpm	**SpO2**	: 97%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: Risk of Fall										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
23-Mar-2024	Enomen Goodluck	R05	Cough	
23-Mar-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
23-Mar-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
OTRIVIN (ADULT) / (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS NASAL / NASAL DROPS (10ML, BOTTLE) / Spray	Take 1Spray 2 Time(s) per Day For 5 Day(s) after meal	5	1	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (10S, BLISTER PACK) / Suppository	Take 1Suppository 1 Time(s) per Day For 10 Day(s) after meal	10	10	
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	
IBULIFE 400 / (IBUPROFEN : 400 MG) TABLETS ORAL / TABLETS (24S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal	5	10	
FLUTAB / (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal	10	20	

Doctor Signature & Stamp :