Patient details

Date	:	01-Apr-2024 / 4:20PM - 4:25PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	42842 / Subhash Harshana
Mobile #	:	0543814556
Gender / DOB/Age	:	Male / 26-Dec-1995
Nationality	:	Sri Lankan
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LL523939
EMID #	:	784-1995-1313335-7

Photo Not Available

Medical Record details

Complaints

Complaints
pain in throat, nasal congestion, coughing and sneezing. with night fever.

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	**BPS**	: 80	**BPD**	:	**Pulse**	: 80	**Height**	: 162 cm	**Weight**	: 52 kg
BMI	: 19.81405 bpm	**Respiratory**	: 22 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: Risk of FAll										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
01-Apr-2024	Enomen Goodluck	R50.81	Fever presenting with conditions classified elsewhere	
01-Apr-2024	Enomen Goodluck	J03.90	Acute tonsillitis, unspecified	
01-Apr-2024	Enomen Goodluck	J02.8	Acute pharyngitis due to other specified organisms	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
IBULIFE 400 / (IBUPROFEN : 400 MG) TABLETS ORAL / TABLETS (24S, BLISTER PACK) / Tablets	Take 1Tablets 2Time(s) perDay For 5 Day(s) after meal	5	10	
OTRIVIN (ADULT) / (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS NASAL / NASAL DROPS (10ML, BOTTLE) / Drops	Take 2Drops 2 Time(s) per Day For 5 Day(s) others	5	1	
AUGMENTIN 625MG / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
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) / Tablets	Take 10Tablets 3 Time(s) per Day For 7 Day(s) after meal	7	2	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 10 Day(s) after meal	10	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 :