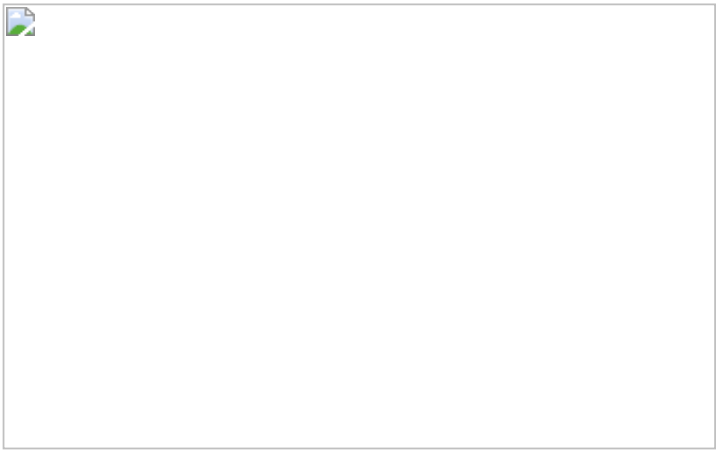
Patient details

Date	:	07-Apr-2024 / 2:00PM - 2:15PM
Doctor	:	Sajid Sanaullah(General)
Reg # / Patient Name	:	42657 / Qadeer Ahmed
Mobile #	:	0528516001
Gender / DOB/Age	:	Male / 19-Mar-1990
Nationality	:	Pakistani
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LL524111
EMID #	:	784-1990-0657426-5



Medical Record details

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	: 38.6	**BPS**	: 80	**BPD**	:	**Pulse**	: 94	**Height**	: 167 cm	**Weight**	: 74.4 kg
BMI	: 26.67719 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
07-Apr-2024	Sajid Sanaullah	R50.9	Fever, unspecified	
07-Apr-2024	Sajid Sanaullah	R51.9	Headache, unspecified	
07-Apr-2024	Sajid Sanaullah	J03.90	Acute tonsillitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ZULEKHA HOSPITALS / ((VITAMIN B1+ B2+ B6) : (250 MG/5ML+ 4 MG/5ML+ 50 MG/5ML)) ((VITAMIN C+ NICOTINAMIDE+ ANHYDROUS GLUCOSE) : (500 MG/5ML+ 160 MG/5ML+ 1000 MG/5ML)) SOLUTION FOR INJECTION (VITAMIN B1+ B2+ B6)/(VITAMIN C+ NICOTINAMIDE+ ANHYDROUS GLUCOSE) [(250 MG/5ML+ 4 MG/5ML+ 50 MG/5ML)|(500 MG/5ML+ 160 MG/5ML+ 1000 MG/5ML)] / SOLUTION FOR INJECTION ((5ML) 10 + (5ML)10, AMPOULE) / Tablets	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others	30	30	
BETADINE ALCOHOLIC SOLUTION / (POVIDONE : 10 G/100ML) ALCOHOLIC SOLUTION TOPICAL / ALCOHOLIC SOLUTION (120ML, PLASTIC DROPPER BOTTLE) / Tablets	Take 1Tablets 3 Time(s) per Day For 5 Day(s) others	5	15	
AMOXIL / (AMOXICILLIN : 500 MG) CAPSULES (HARD GELATIN) ORAL / CAPSULES (HARD GELATIN) (100S, BLISTER PACK) / Tablets	Take 1Tablets 3 Time(s) per Day For 7 Day(s) others	7	21	
BRUFEN 600MG / (IBUPROFEN : 600 MG) EFFERVESCENT GRANULES ORAL / EFFERVESCENT GRANULES (20S, SACHET) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	

Doctor Signature & Stamp :