Patient details

Date	:	08-Apr-2024 / 4:00PM - 4:15PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	37930 / AFSAR ALI KHAN KISHWAR
Mobile #	:	0553627831
Gender / DOB/Age	:	Male / 05-Feb-1987
Nationality	:	Pakistani
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LL523982
EMID #	:	784-1987-5848376-6

Medical Record details

Complaints

Complaints

Fever, cough, flu, nasal congestion, nasal discharge, and difficulty breathing due to blocked nostrils.

headache,

Not hypertensive and not diabetic.

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	: 37.8	**BPS**	: 80	**BPD**	:	**Pulse**	: 72	**Height**	: 174 cm	**Weight**	: 86 kg
BMI	: 28.40534 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: risk of fall										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
08-Apr-2024	Enomen Goodluck	R50.9	Fever, unspecified	
08-Apr-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
08-Apr-2024	Enomen Goodluck	J03.80	Acute tonsillitis due to other specified organisms	
08-Apr-2024	Enomen Goodluck	J02.8	Acute pharyngitis due to other specified organisms	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MACROMAX 500 / (AZITHROMYCIN : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (3S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 3 Day(s) after meal	3	3	
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 3 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	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1Time(s) perDay For 10 Day(s) evening	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) others	10	20	

Doctor Signature & Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 2804027-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.