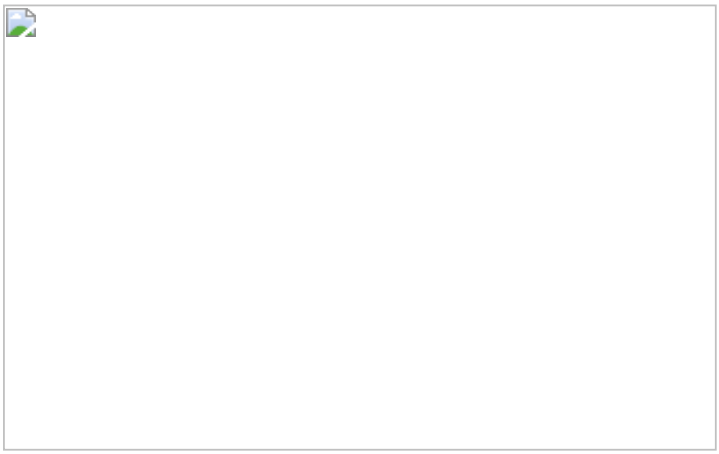
Patient details

Date	:	12-Apr-2024 / 7:05PM - 7:10PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	42894 / Safdar Javed Muhammad Afzal
Mobile #	:	0569356109
Gender / DOB/Age	:	Male / 12-Oct-1983
Nationality	:	Pakistani
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LW505661
EMID #	:	784-1983-5729995-1



Medical Record details

Complaints

Complaints

Cough, pain in throat and fever since the past 5 days.

Also has headache and pain in the front of the head

not a known 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	: 39	**BPS**	: 77	**BPD**	:	**Pulse**	: 103	**Height**	: 174 cm	**Weight**	: 100 kg
BMI	: 33.02946 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	:										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
12-Apr-2024	Enomen Goodluck	R50.9	Fever, unspecified	
12-Apr-2024	Enomen Goodluck	M79.18	Myalgia, other site	
12-Apr-2024	Enomen Goodluck	J02.9	Acute pharyngitis, unspecified	
12-Apr-2024	Enomen Goodluck	J01.40	Acute pansinusitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
NATAZONE / (MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) SUSPENSION FOR NASAL SPRAY NASAL / SUSPENSION FOR NASAL SPRAY (140 DOSE, METERED DOSE SPRAY) / Spray	Take 1Spray 4 Time(s) per Day For 5 Day(s) others	5	1	
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	
GUPISONE 20MG / (PREDNISOLONE : 20 MG) TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal	5	5	
ZYRTEC / (CETIRIZINE HCL : 10 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	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS ORAL / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
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	

Doctor Signature & Stamp :