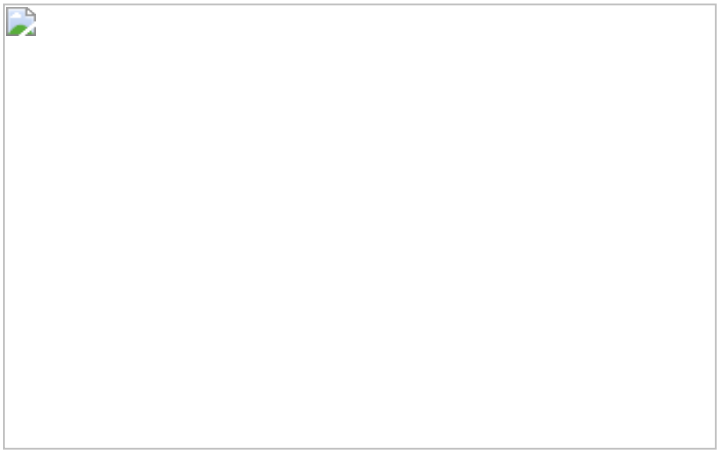
Patient details

Date	:	23-Apr-2024 / 7:30PM - 7:45PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	42926 / Sudhakar Chauhan
Mobile #	:	0551645280
Gender / DOB/Age	:	Male / 08-Jul-1979
Nationality	:	Indian
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LL523894
EMID #	:	784-1979-2928627-2



Medical Record details

Complaints

Complaints
Fever, generalized body pains and headache, despite being on medicines.

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	: 37.6	**BPS**	: 72	**BPD**	:	**Pulse**	: 95	**Height**	: 165 cm	**Weight**	: 64 kg
BMI	: 23.5078 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
23-Apr-2024	Enomen Goodluck	J02.9	Acute pharyngitis, unspecified	
23-Apr-2024	Enomen Goodluck	R50.81	Fever presenting with conditions classified elsewhere	
23-Apr-2024	Enomen Goodluck	J22	Unspecified acute lower respiratory infection	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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	
CITY PHARMACY CO. / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP BUTAMIRATE DIHYDROGEN CITRATE [0.15% W/V] / SYRUP (200ML, BOTTLE) / ML	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	7	1	
CLARITT / (CLARITHROMYCIN : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2Time(s) perDay For 7 Day(s) after meal	7	14	
GUPISONE 20MG / (PREDNISOLONE : 20 MG) TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	

Doctor Signature & Stamp :