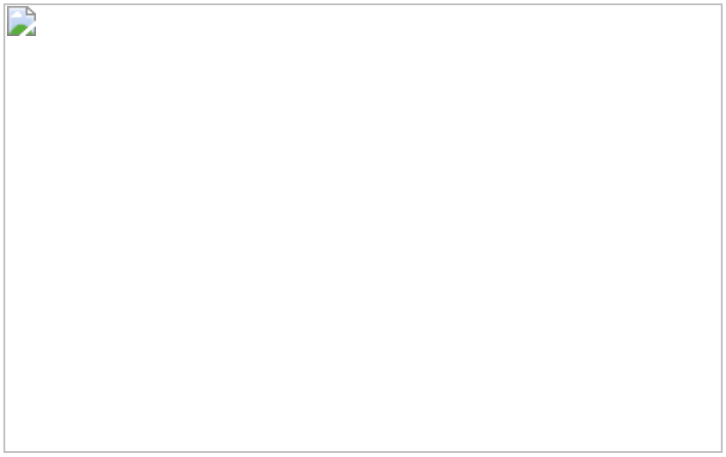
Patient details

Date	:	28-Apr-2024 / 3:45PM - 4:00PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	42578 / MOHAMMAD SAGIR
Mobile #	:	0552294036
Gender / DOB/Age	:	Male / 11-Jan-1970
Nationality	:	Indian
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LL523877
EMID #	:	784-1970-2169257-5



Medical Record details

Complaints

Complaints

Known hypertensive, previously presented two days ago but unable to get the prescribed medicine, hence came for a change of the medicine

oe dry cough 7 days itching all aover the body

oe chest is clear no added sounds enlarge tonsils restless

Past / Family / Social History

Past History	:	High Blood Pressure
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	: 37.1	**BPS**	: 106	**BPD**	:	**Pulse**	: 94	**Height**	: 168 cm	**Weight**	: 85.3 kg
BMI	: 30.22251 bpm	**Respiratory**	: 22 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: risk of fall										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
28-Apr-2024	Humaira	J03.90	Acute tonsillitis, unspecified	
28-Apr-2024	Humaira	I10	Essential (primary) hypertension	
28-Apr-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
AMLO 10 / (AMLODIPINE (AS BESYLATE) : 10 MG) TABLETS ORAL / TABLETS (30S, BLISTER) / Syrup	Take 1Syrup 1 Time(s) per Day For 30 Day(s) others	30	30	
STOPKOF (ALCOHOL FREE) / (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE) ORAL / SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE) / Syrup	Take 1Syrup 1 Time(s) per Day For 7 Day(s) others	7	7	
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) others	10	10	
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) others	7	14	

Doctor Signature & Stamp :