

**Patient details**

Date	:	08-Aug-2024 / 8:15PM - 8:30PM		Photo Not Available
Doctor	:	Enomen Goodluck(General)		
Reg # / Patient Name	:	43796 / MOHASIN SK Year ALI SK		
Mobile #	:	0555376966		
Gender / DOB/Age	:	Male / 21-May-1996		
Nationality	:	Indian		
Insurance / Card#	:	NEXTCARE -OP PCP / FB60-1C2B-DD79-FE3E		
EMID #	:	784-1996-3760696-5		

Medical Record details**Complaints****Complaints**

Nasal congestion, fever, headache and myalgia.

Duration: 2days

BP at presentation is 202/140mhg (hypertensive urgency).

Claims he used to take antihypertensive but stopped many months ago.

Refer to internal medicine on the suspicion of secondary hypertension based on his age.

Allergies

Allergy Type	Allergy Severity	Allergies	Allergy For	Physical Examination
		No Known Allergies	Unknown	

Vital Signs

Temperature : 37.7 BPS : 143 BPD : Pulse : 109 Height : 167 cm Weight : 68 kg
 BMI : 24.38237 bpm Respiratory : 18 bpm SpO2 : 96% Hip : cm Waist : cm
 Head Circumference : cm
 Urinalysis (Protein & Glucose) :
 Notes : RISK OF FALL

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
08-Aug-2024	Enomen Goodluck	I15.9	Secondary hypertension, unspecified	
08-Aug-2024	Enomen Goodluck	I16.0	Hypertensive urgency	
08-Aug-2024	Enomen Goodluck	R50.9	Fever, unspecified	
08-Aug-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
08-Aug-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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 ORAL / SYRUP (120ML, BOTTLE) / ML	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal	7	1	
MACROMAX 500 / (AZITHROMYCIN : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (6S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal	5	5	
MAXIGESIC / (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (16S, BLISTER) / Tablets	Take 2Tablets 2 Time(s) per Day For 4 Day(s) after meal	4	16	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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) after meal	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 2Time(s) perDay For 10 Day(s) after meal	10	20	
OLMEDINE 40MG/10MG / (OLMESARTAN MEDOXOMIL : 40 MG) (AMLODIPINE (AS BESYLATE) : 10 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (28S, BLISTER) / Tablets	Take 1Tablets 1Time(s) perDay For 30 Day(s) evening	30	30	

Doctor Signature & Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

