Patient details

Date	:	10-Aug-2024 / 7:15PM - 7:30PM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	37631 / GLENN MARK RIVERA TABAY
Mobile #	:	0545109007
Gender / DOB/Age	:	Male / 16-Jul-1989
Nationality	:	Philippine
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-115298246-01
EMID #	:	784-1989-8715395-8

Medical Record details

Complaints

Complaints

PC: ALLERGIC REACTION TO UNSPECIFIED THING

WEAKNESS

ITCHING

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
10-Aug-2024	AHSAN HUSSAIN	M62.81	Muscle weakness (generalized)	
10-Aug-2024	AHSAN HUSSAIN	E86.0	Dehydration	
10-Aug-2024	AHSAN HUSSAIN	L23.89	Allergic contact dermatitis due to other agents	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
Artiz / CETIRIZINE HCL 10mg / Tablet / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening BEFORE SLEEP	5	5	
LAMISIL / (TERBINAFINE (AS HCL) : 1%) CREAM TOPICAL / CREAM (15G, TUBE) / Cream	Take 1Cream 2 Time(s) per Day For 7 Day(s) others	7	14	
FLOCAZOLE / (FLUCONAZOLE : 150 MG) CAPSULES ORAL / CAPSULES (1S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others	5	5	

Doctor Signature & Stamp :