Patient details

Date	:	12-Aug-2024 / 9:00AM - 9:15AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	43481 / NAW NOBLE STAR
Mobile #	:	0555635483
Gender / DOB/Age	:	Female / 22-Oct-1992
Nationality	:	Myanmarese
Insurance / Card#	:	E CARE - Blue Network / I040-029-120585625-01
EMID #	:	784-1992-7226731-3

Medical Record details

Complaints

Complaints

PC: DIARRHEA

VOMITING

EPIGASTRIC PAIN

WEAKNESS

Past / Family / Social History

Past History	:	
Other Past History	:	
Family History	:	
Social History - Smoking	:	No

Social History - Alcohol : No

Surgical History :

Vital Signs

Temperature	: 36.8	**BPS**	: 72	**BPD**	:	**Pulse**	: 78	**Height**	: 161 cm	**Weight**	: 60 kg
BMI	: 23.14725 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
12-Aug-2024	AHSAN HUSSAIN	R10.13	Epigastric pain	
12-Aug-2024	AHSAN HUSSAIN	R19.7	Diarrhea, unspecified	
12-Aug-2024	AHSAN HUSSAIN	R11.2	Nausea with vomiting, unspecified	
12-Aug-2024	AHSAN HUSSAIN	K29.00	Acute gastritis without bleeding	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GO COF COUGH SYRUP / (TULSI (OCIMUM SANCTUM) : 100 MG/10ML) (ADHATODA VASICA : 100 MG/10ML) (VIOLA ODORATA : 75 MG/10ML) (CURCUMA LONGA : 25MG/10ML) (ELETTARIA CARDAMOMUM : 25MG/10ML) (GLYCYRRHIZA GLABRA : 100 MG/10ML) (SOLANUM XANTHOCARPUM : 75 MG/10ML) (PIPER LONGUM : 25MG/10ML) (ZINGIBER OFFICINALE : 50MG/10ML) (DALCHINI : 10 MG/10ML) (SYZYGIUM AROMATICUM : 10 MG/10ML) SYRUP (ALCOHOL FREE) ORAL / SYRUP (ALCOHOL FREE) (100ML, BOTTLE) / Syrup	Take 1Syrup 2 Time(s) per Day For 7 Day(s) after meal	7	14	
PROVITA ORS-ORANGE FLAVOUR / (DEXTROSE ANHYDROUS : 20 G) (SODIUM CHLORIDE : 3.5 G) (POTASSIUM CHLORIDE : 1.5 G) (SODIUM CITRATE : 2.9 G) POWDER FOR ORAL SOLUTION ORAL / POWDER FOR ORAL SOLUTION (25 X 30G, SACHET) / sachet	Take 1sachet 1Time(s) perDay For 5 Day(s) others MIX IN 1.5 LITRE WATER AND FINISH IN 24 HOURS	5	1	
SORTIVA 50MG / (METOCLOPRAMIDE : 10 MG) TABLETS METOCLOPRAMIDE [10 MG] / TABLETS (20S, BOX) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) before meal	7	14	
ANAZOL / (METRONIDAZOLE : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after	7	14	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
	meal			

Doctor Signature & Stamp :