Patient details

Date	:	17-Aug-2024 / 8:45AM - 9:00AM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	42308 / HAULA MUKANZA
Mobile #	:	0586916981
Gender / DOB/Age	:	Female / 17-Jul-1995
Nationality	:	Ugandan
Insurance / Card#	:	E CARE - Blue Network / I040-029-117161242-01
EMID #	:	784-1995-9131939-9

Photo Not Available

Medical Record details

Complaints

Complaints

PC: Chest pain, fever, headache, cough, pain in throat and weakness.

Duration: 2days

No GIT symptoms, no urinary symptoms.

Has no other symptoms, not hypertensive and not diabetic.

ENT: hyperemic and hypertrophied tonsils.

Past / Family / Social History

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

Vital Signs

Temperature	: 37.7	**BPS**	: 96	**BPD**	:	**Pulse**	: 110	**Height**	: 168 cm	**Weight**	: 78 kg
BMI	: 27.63605 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
17-Aug-2024	Enomen Goodluck	R50.9	Fever, unspecified	
17-Aug-2024	Enomen Goodluck	R07.9	Chest pain, unspecified	
17-Aug-2024	Enomen Goodluck	R07.0	Pain in throat	
17-Aug-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Prescription

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	
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP ORAL / SYRUP (200ML, BOTTLE) / ML	Take 10ML 3 Time(s) per Day For 5 Day(s) after meal	5	1	
GUPISONE 20MG / (PREDNISOLONE : 20 MG) TABLETS ORAL / TABLETS (40S, 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	
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	

Doctor Signature & Stamp :