Patient details

Date	:	21-Aug-2024 / 5:30PM - 5:45PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	39791 / DAMBAR SINGH KRIPAL SINGH
Mobile #	:	0543922018
Gender / DOB/Age	:	Male / 09-Jan-1987
Nationality	:	Indian
Insurance / Card#	:	E CARE - Blue Network / I035-029-118743877-01
EMID #	:	784-1987-3433980-1

Medical Record details

Complaints

Complaints

Fever, cold and generalized body pains

Duration: 3days.

Also has cough

Vital Signs

Temperature	: 38.6	**BPS**	: 77	**BPD**	:	**Pulse**	: 85	**Height**	: 174 cm		
BMI	: 31.0477 bpm	**Respiratory**	: 22 bpm	**SpO2**	: 96%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK OF FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis
21-Aug-2024	Enomen Goodluck	R06.7	Sneezing
21-Aug-2024	Enomen Goodluck	R05	Cough

Date	Doctor	ICD Code	Diagnosis
21-Aug-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified
21-Aug-2024	Enomen Goodluck	R50.9	Fever, unspecified
21-Aug-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified

Prescription

Generic/Dose/Form	Instructions	Duration
MOMATE / (MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) NASAL SPRAY NASAL / NASAL SPRAY (120 DOSE, PUMP SPRAY) / Spray	Take 1Spray 2 Time(s) per Day For 5 Day(s) others	5
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 SODIUM CITRATE/AMMONIUM CHLORIDE/MENTHOL/ DIPHENHYDRAMINE [57 MG/5ML|131.5 MG/5 ML|1.1 MG/5 ML|13.5 MG/5ML] / SYRUP (120ML, BOTTLE) / ML	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal	7
MAXIGESIC / (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (16S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 8 Day(s) after meal	8
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
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

Doctor Signature & Stamp :

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