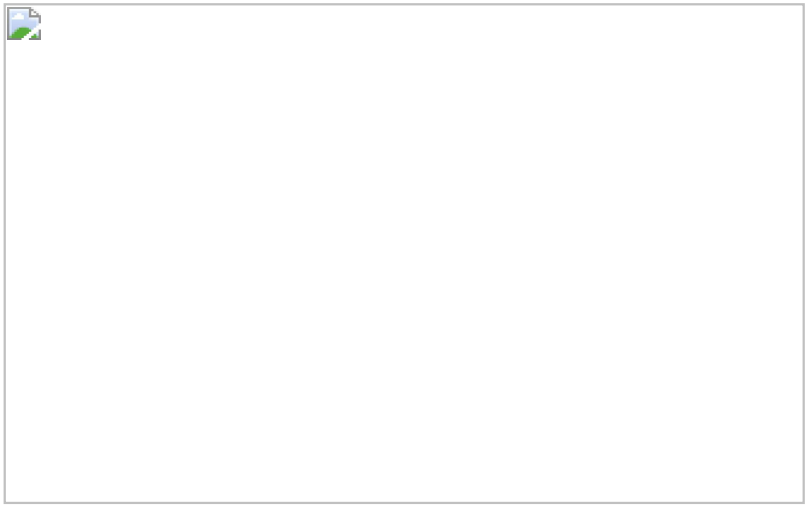
Patient details

Date	:	30-Aug-2024 / 6:45PM - 7:00AM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	43975 / Dipesh Limbu
Mobile #	:	0567884271
Gender / DOB/Age	:	Male / 18-Mar-2024
Nationality	:	Nepalese
Insurance / Card#	:	FMC Standard Network / I019-010-120042277-01
EMID #	:	784-2001-1340171-3



Medical Record details

Complaints

Complaints

co fever prulant cough pain in throat 27th august 2024

oe

redness in the mouth

chest is congested no added sounds

restless

smoker alcohlic

Past / Family / Social History

Past History :

Other Past History :

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

Allergies

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

Vital Signs

Temperature	: 38	**BPS**	: 64	**BPD**	:	**Pulse**	: 84	**Height**	: 165 cm	**Weight**	: 61 kg
BMI	: 22.40588 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

Diagnosis

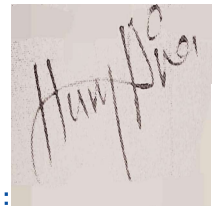
Date	Doctor	ICD Code	Diagnosis	Notes
30-Aug-2024	Humaira	K29.00	Acute gastritis without bleeding	
30-Aug-2024	Humaira	R05	Cough	
30-Aug-2024	Humaira	J02.9	Acute pharyngitis, unspecified	
30-Aug-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	
30-Aug-2024	Humaira	R50.9	Fever, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN) ORAL / CAPSULES (HARD GELATIN) (14S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
DRAMYLIN / (AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP ORAL / SYRUP (120ML, GLASS BOTTLE) / Syrup	Take 10ML 3 Time(s) per Day For 7 Day(s) others	1	1	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GUPISONE 5MG / (PREDNISOLONE : 5 MG) TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG|500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1Tablets 2 Time(s) per Day For 6 Day(s) others	6	12	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS ORAL / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others	5	5	

Doctor Signature & Stamp :



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
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DUBAI - U.A.E.