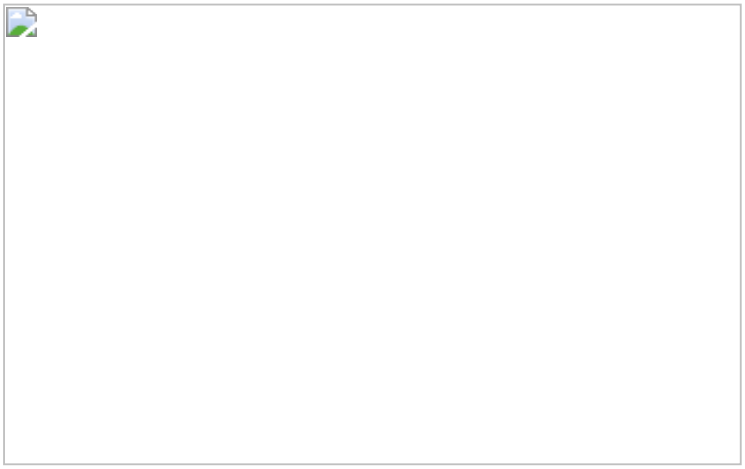
Patient details

Date	:	04-Sep-2024 / 6:00PM - 6:15PM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	43781 / MOHAMMAD KALAM
Mobile #	:	0509495303
Gender / DOB/Age	:	Male / 10-Dec-1991
Nationality	:	Bangladeshi
Insurance / Card#	:	NEXTCARE -OP PCP / 4F8F-05D7-6F61-57AC
EMID #	:	784-1991-0980857-8



Medical Record details

Complaints

Complaints

pc: allergic dermatitis 3 days

patient said may be allergic to shrimps

Vital Signs

Temperature	: 36.6	**BPS**	: 80	**BPD**	:	**Pulse**	: 76	**Height**	: 161 cm	**Weight**	: 63 kg
BMI	: 24.30462 bpm	**Respiratory**	: 18 bpm	**SpO2**	: %	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
04-Sep-2024	AHSAN HUSSAIN	L29.8	Other pruritus	
04-Sep-2024	AHSAN HUSSAIN	L23.89	Allergic contact dermatitis due to other agents	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
LAMISIL / (TERBINAFINE (AS HCL) : 1%) CREAM TOPICAL / CREAM (15G, TUBE) / Cream	Take 1Cream 2 Time(s) per Day For 7 Day(s) others	7	1	
Dermovate / CLOBETASOL PROPIONATE 0.5mg/g / Ointment / Cream	Take 1Cream 2 Time(s) per Day For 7 Day(s) others	7	1	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
Artiz / CETIRIZINE HCL 10mg / Tablet / Tablets	Take 1Tablets 1Time(s) perDay For 10 Day(s) others before sleep	10	10	

Doctor Signature & Stamp :