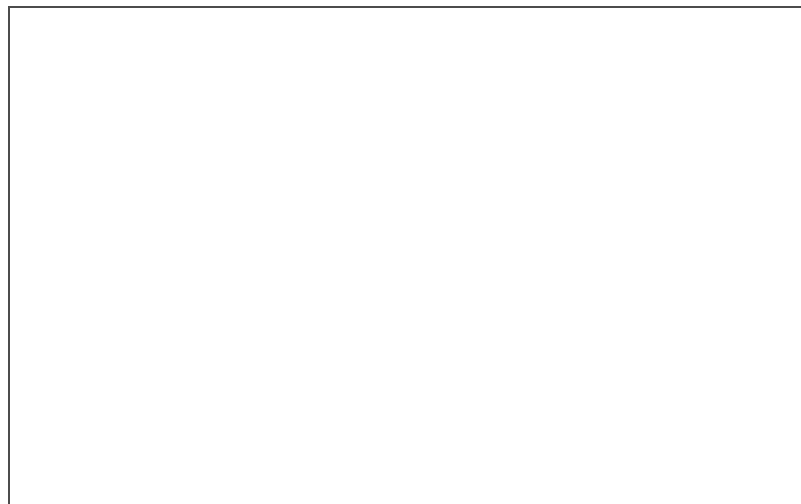


**Patient details**

|                      |   |                                                |
|----------------------|---|------------------------------------------------|
| Date                 | : | 19-Sep-2024 / 8:00PM - 8:15PM                  |
| Doctor               | : | Enomen<br>Goodluck(General)                    |
| Reg # / Patient Name | : | 43716 / GIJIMOL<br>THANKACHAN                  |
| Mobile #             | : | 0568504467                                     |
| Gender / DOB/Age     | : | Female / 24-Feb-1991                           |
| Nationality          | : | Indian                                         |
| Insurance / Card#    | : | NGI - HN BASIC PLUS /<br>I038-000-118933626-01 |
| EMID #               | : | 784-1991-1517028-6                             |

**Medical Record details****Complaints****Complaints**

PC: fever, running nose, nasal congestion, pain in throat and coughing.

Duration: 5days

**Vital Signs**

|                                |                |             |          |      |       |       |      |        |          |
|--------------------------------|----------------|-------------|----------|------|-------|-------|------|--------|----------|
| Temperature                    | : 37.8         | BPS         | : 76     | BPD  | :     | Pulse | : 84 | Height | : 160 cm |
| BMI                            | : 21.09375 bpm | Respiratory | : 18 bpm | SpO2 | : 96% | Hip   | : cm | Waist  | : cm     |
| Head Circumference             | :              |             | cm       |      |       |       |      |        |          |
| Urinalysis (Protein & Glucose) | :              |             |          |      |       |       |      |        |          |
| Notes                          | : risk of fall |             |          |      |       |       |      |        |          |

**Diagnosis**

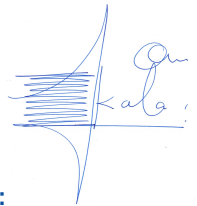
| Date        | Doctor             | ICD Code | Diagnosis               |
|-------------|--------------------|----------|-------------------------|
| 19-Sep-2024 | Enomen<br>Goodluck | R07.9    | Chest pain, unspecified |
| 19-Sep-2024 | Enomen<br>Goodluck | R06.00   | Dyspnea, unspecified    |

| Date        | Doctor          | ICD Code | Diagnosis                                      |
|-------------|-----------------|----------|------------------------------------------------|
| 19-Sep-2024 | Enomen Goodluck | R50.9    | Fever, unspecified                             |
| 19-Sep-2024 | Enomen Goodluck | J20.9    | Acute bronchitis, unspecified                  |
| 19-Sep-2024 | Enomen Goodluck | J06.9    | Acute upper respiratory infection, unspecified |

## Prescription

| Generic/Dose/Form                                                                                                                                                | Instructions                                             | Duration |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------|
| MAXIGESIC / (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (16S, BLISTER) / Tablets                                  | Take 1Tablets 3 Time(s) per Day For 5 Day(s) after meal  | 5        |
| GUPISONE 20MG / (PREDNISOLONE : 20 MG) TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets                                                                      | Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal  | 5        |
| 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 2 Time(s) per Day For 10 Day(s) after meal | 10       |
| MACROMAX 500 / (AZITHROMYCIN : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (6S, BLISTER) / Tablets                                                    | Take 1Tablets 1Time(s) perDay For 5 Day(s) after meal    | 5        |

Doctor Signature & Stamp :



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

