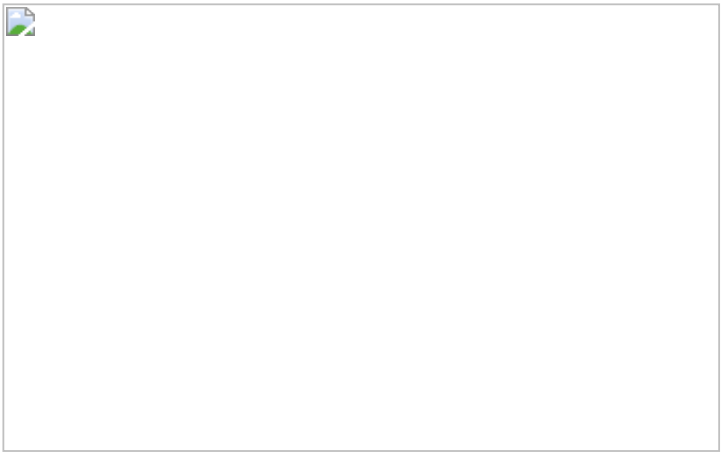
Patient details

Date	:	19-Sep-2024 / 9:00PM - 9:15PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	44248 / KANYA KALI
Mobile #	:	0555794604
Gender / DOB/Age	:	Female / 14-Jul-1987
Nationality	:	South African
Insurance / Card#	:	MEDNET - silver premium / 097113330351888202
EMID #	:	784-1987-4311665-3



Medical Record details

Complaints

Complaints

PC: Nasal congestion, headache, facial pains and photophobia.

Duration: 1 week.

There is no fever.

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	: 36.6	**BPS**	: 88	**BPD**	:	**Pulse**	: 68	**Height**	: 163 cm	**Weight**	: 65 kg
BMI	: 24.4646 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

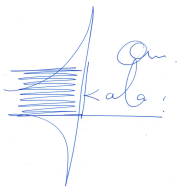
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
19-Sep-2024	Enomen Goodluck	R09.81	Nasal congestion	
19-Sep-2024	Enomen Goodluck	J01.10	Acute frontal sinusitis, unspecified	
19-Sep-2024	Enomen Goodluck	J01.00	Acute maxillary sinusitis, unspecified	
19-Sep-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	
19-Sep-2024	Enomen Goodluck	G43.009	Migraine w/o aura, not intractable, w/o status migrainosus	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MEDYGRAINE 100MG / (SUMATRIPTAN (AS SUCCINATE) : 100 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (2S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 2 Day(s) evening	2	2	
CELEBREX 200MG / (CELECOXIB : 200 MG) CAPSULES ORAL / CAPSULES (10S, BLISTER PACK) / Tablets	Take 1Tablets 2Time(s) perDay For 5 Day(s) after meal	5	10	
MOMATE / (MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) NASAL SPRAY NASAL / NASAL SPRAY (120 DOSE, PUMP SPRAY) / Spray	Take 1Spray 3 Time(s) per Day For 7 Day(s) others	7	1	
MACROMAX 500 / (AZITHROMYCIN : 500 MG) FILM COATED TABLETS ORAL / FILM COATED TABLETS (6S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal	5	5	
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	
GUPISONE 20MG / (PREDNISOLONE : 20 MG) TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 1Time(s) perDay For 7 Day(s) after meal	7	7	

Doctor Signature & Stamp :



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