Patient details

Date	:	24-Sep-2024 / 7:00PM - 7:15PM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	37768 / UJWALA PANDURANG SHELKE PANDURANG DASHRATH SHELKE
Mobile #	:	0503449424
Gender / DOB/Age	:	Female / 18-Feb-1997
Nationality	:	Indian
Insurance / Card#	:	E CARE - Green Network / I017-029-117009982-02
EMID #	:	784-1997-3863102-9

Medical Record details

Complaints

Complaints

PC: FEVER

COLD FLU

SORE THROAT

LETHARGY

BODY PAIN

SORE THROAT

Allergies

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

Vital Signs

Temperature	: 36.9	**BPS**	: 70	**BPD**	:	**Pulse**	: 102	**Height**	: 155 cm	**Wei**	
BMI	: 19.14672 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								

Urinalysis (Protein & Glucose) :

Notes : risk of fall

Diagnosis

Date	Doctor	ICD Code	Diagnosis
24-Sep-2024	AHSAN HUSSAIN	R53.1	Weakness
24-Sep-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without esophagitis
24-Sep-2024	AHSAN HUSSAIN	R07.1	Chest pain on breathing
24-Sep-2024	AHSAN HUSSAIN	M83.3	Adult osteomalacia due to malnutrition
24-Sep-2024	AHSAN HUSSAIN	M62.830	Muscle spasm of back
24-Sep-2024	AHSAN HUSSAIN	M54.5	Low back pain
24-Sep-2024	AHSAN HUSSAIN	R50.9	Fever, unspecified
24-Sep-2024	AHSAN HUSSAIN	J00	Acute nasopharyngitis [common cold]
24-Sep-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified

Prescription

Generic/Dose/Form	Instructions	Duration	Qu
Mydocalm / TOLPERISONE HCL 150mg / Tablet / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14
ADOL COLD & FLU DAY / (CAFFEINE ANHYDROUS : 25 MG) (PARACETAMOL : 500 MG) (PHENYLEPHRINE HCL : 5 MG) CAPLET-TABLET ORAL / CAPLET-TABLET (30S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS ORAL / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14
Artiz / CETIRIZINE HCL 10mg / Tablet / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening BEFORE SLEEP	5	5

Doctor Signature & Stamp :