Patient details

Date	:	24-Sep-2024 / 6:45PM - 7:00PM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44305 / CHAMARA MADUSHANKA HOLIPITIGE
Mobile #	:	00000000000
Gender / DOB/Age	:	Male / 26-Jul-1991
Nationality	:	Sri Lankan
Insurance / Card#	:	E CARE - Blue Network / I040-029-118549984-01
EMID #	:	784-1991-7164926-4

Medical Record details

Complaints

Complaints

PC: FEVER

FLU

BODY PAIN

SORETHROAT

EPIGASTRIC PAIN

Allergies

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

Vital Signs

Temperature	: 37.4	**BPS**	: 78	**BPD**	:	**Pulse**	: 108	**Height**	: 183 cm		
BMI	: 23.58984 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	M54.5	Low back pain
24-Sep-2024	AHSAN HUSSAIN	R05	Cough
24-Sep-2024	AHSAN HUSSAIN	M62.830	Muscle spasm of back
24-Sep-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without esophagitis
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
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP ORAL / SYRUP (200ML, BOTTLE) / Syrup	Take 1Syrup 2 Time(s) per Day For 7 Day(s) others	7
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 7 Day(s) after meal	7
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
Artiz / CETIRIZINE HCL 10mg / Tablet / Tablets	Take 1Tablets 1Time(s) perDay For 5 Day(s) evening BEFORE SLEEP	5

Doctor Signature & Stamp :