Patient details

Date	:	29-Sep-2024 / 2:00PM - 2:15PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	43655 / SWAROOP KORTI SALABANNA KORTI
Mobile #	:	0589418984
Gender / DOB/Age	:	Male / 17-Jun-2000
Nationality	:	Indian
Insurance / Card#	:	E CARE - Green Network / I017-029-120763030-01
EMID #	:	784-2000-7860954-0

Medical Record details

Complaints

Complaints

co swelling and pain on the lower lid left eye 26th sep. 2024

oe

chest is clear no added sounds

restless

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 Examina
		No Known Allergies	Unknown	

Vital Signs

Temperature	: 37.2	**BPS**	: 70	**BPD**	:	**Pulse**	: 78	**Height**	: 162 cm	V	
BMI	: 21.71925 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

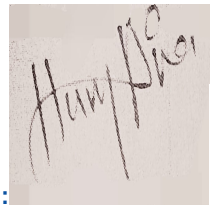
Diagnosis

Date	Doctor	ICD Code	Diagnosis
29-Sep-2024	Humaira	R52	Pain, unspecified
29-Sep-2024	Humaira	H00.15	Chalazion left lower eyelid

Prescription

Generic/Dose/Form	Instructions	Duration
VOLTFAST / (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION ORAL / POWDER FOR SOLUTION (9S, SACHET) / sachet	Take 1sachet 2 Time(s) per Day For 5 Day(s) others	5
VIGAMOX / (MOXIFLOXACIN (AS HCL) : 0.5%) EYE DROPS OCULAR / EYE DROPS (5ML, DROPPER BOTTLE) / Drops	Take 1Drops 1 Time(s) per Day For 1 Day(s) others	1

Doctor Signature & Stamp :



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
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DUBAI - U.A.E.