Patient details

Date	:	08-Oct-2024 / 6:00PM - 6:15PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	44444 / LEA LARGO VARGAS
Mobile #	:	0525137730
Gender / DOB/Age	:	Female / 21-Jun-1984
Nationality	:	Philippine
Insurance / Card#	:	NEXTCARE -OP PCP / 5268-A883-CD38-909B
EMID #	:	784-1984-7438061-9

Medical Record details

Complaints

Complaints

Dry cough, pain in throat, fever and nasal congestion.

Duration: 3days

Also hoarsness of voice and weakness.

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 Examinatic
		No Known Allergies	Unknown	

Vital Signs

Temperature	: 38.1	**BPS**	: 70	**BPD**	:	**Pulse**	: 86	**Height**	: 153 cm	**We**
BMI	: 29.04866 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
08-Oct-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified
08-Oct-2024	Enomen Goodluck	R53.1	Weakness
08-Oct-2024	Enomen Goodluck	R05	Cough
08-Oct-2024	Enomen Goodluck	R50.9	Fever, unspecified
08-Oct-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified

Prescription

Generic/Dose/Form	Instructions	Duration	Qu
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP BUTAMIRATE DIHYDROGEN CITRATE [0.15% W/V] / SYRUP (200ML, BOTTLE) / ML	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	7	1
MAXIGESIC / (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS IBUPROFEN/PARACETAMOL [150 MG|500 MG] / FILM COATED TABLETS (16S, BLISTER) / Tablets	Take 2Tablets 2 Time(s) per Day For 5 Day(s) after meal	5	20
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14
GUPISONE 20MG / (PREDNISOLONE : 20 MG) TABLETS PREDNISOLONE [20 MG] / TABLETS (20S, BLISTER PACK) / 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 DIPHENHYDRAMINE/ PARACETAMOL/PSEUDOEPHEDRINE [25 MG|500 MG|30 MG] / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal	10	20

Doctor Signature & Stamp :

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