

**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 Examination
		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

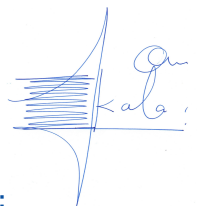
Diagnosis

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	Q
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.

