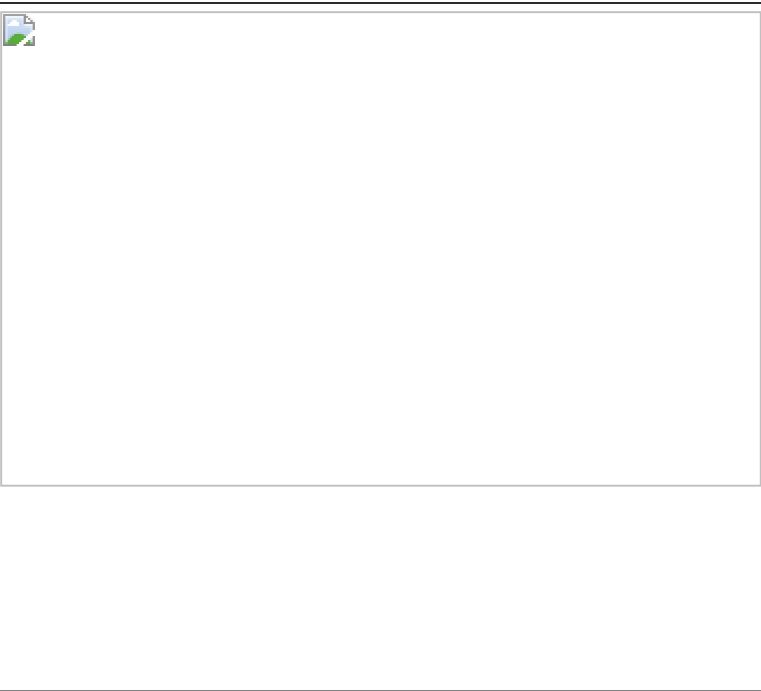




Patient details

|                      |   |                                             |
|----------------------|---|---------------------------------------------|
| Date                 | : | 15-Oct-2024 / 3:15PM - 3:30PM               |
| Doctor               | : | Humaira(General)                            |
| Reg # / Patient Name | : | 35050 / ADEL SAYED RAMADAN SAYED            |
| Mobile #             | : | 0527741140                                  |
| Gender / DOB/Age     | : | Male / 26-Feb-1974                          |
| Nationality          | : | Egyptian                                    |
| Insurance / Card#    | : | NGI - HN BASIC PLUS / I038-000-115298184-01 |
| EMID #               | : | 784-1974-0698639-4                          |



Medical Record details

Complaints

Complaints

co dark colour of urine liquid discharge with the urine 5th oct 2024

oe chest is clear no added sound

stable

smoker

diabetic but not taking any medicine

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** : 36.7      **BPS** : 76      **BPD** :      **Pulse** : 108      **Height** : 180 cm      **Weight** : 87 kg  
**BMI** : 26.85185 bpm      **Respiratory** : 18 bpm      **SpO2** : 98%      **Hip** : cm      **Waist** : cm  
**Head Circumference** : cm  
**Urinalysis (Protein & Glucose)** :  
**Notes** : RISK FOR FALL

**Diagnosis**

| Date        | Doctor  | ICD Code | Diagnosis                                   | Notes |
|-------------|---------|----------|---------------------------------------------|-------|
| 15-Oct-2024 | Humaira | N39.43   | Post-void dribbling                         |       |
| 15-Oct-2024 | Humaira | R50.9    | Fever, unspecified                          |       |
| 15-Oct-2024 | Humaira | N39.0    | Urinary tract infection, site not specified |       |

**Prescription**

| Generic/Dose/Form                                                                                                                                                                                                                                                                                                                                                                       | Instructions                                        | Duration | Quantity | Refill |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------|----------|--------|
| ALKA-CRAN / (TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES TARTARIC ACID/SODIUM BICARBONATE/CRANBERRY EXTRACT/TRI SODIUM CITRATE ANHYDROUS/CITRIC ACID ANHYDROUS [0.89G 1.76G 0.25 G 0.63G 0.72G] / EFFERVESCENT GRANULES (10 X 4.25G, SACHET) / sachet | Take 1sachet 3 Time(s) per Day For 7 Day(s) others  | 7        | 21       |        |
| ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG 500 MG] / CAPLETS (24S, BOX) / Tablets                                                                                                                                                                                                                                                       | Take 1Tablets 2 Time(s) per Day For 6 Day(s) others | 6        | 12       |        |
| MIRAZOL / (METRONIDAZOLE : 500 MG) FILM COATED TABLETS METRONIDAZOLE [500 MG] / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets                                                                                                                                                                                                                                                       | Take 1Tablets 2 Time(s) per Day For 7 Day(s) others | 7        | 14       |        |
| CIFRAN 500 / (CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS CIPROFLOXACIN (AS HYDROCHLORIDE) [500 MG] / FILM COATED TABLETS (10S, BLISTER) / Tablets                                                                                                                                                                                                                   | Take 1Tablets 1 Time(s) per Day For 7 Day(s) others | 7        | 7        |        |

Doctor Signature &amp; Stamp :

