Patient details

Date	:	18-Oct-2024 / 6:45PM - 7:00PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	43880 / Kaung Wai Yan
Mobile #	:	0523163590
Gender / DOB/Age	:	Male / 02-Oct-1998
Nationality	:	Myanmarese
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-121234278-01
EMID #	:	784-1998-4643242-7

Medical Record details

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	: 36.8	**BPS**	: 78	**BPD**	:	**Pulse**	: 96	**Height**	: 163 cm	**We**	
BMI	: 21.3783 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

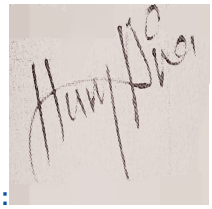
Diagnosis

Date	Doctor	ICD Code	Diagnosis
18-Oct-2024	Humaira	M62.830	Muscle spasm of back
18-Oct-2024	Humaira	M54.5	Low back pain
18-Oct-2024	Humaira	M79.671	Pain in right foot

Prescription

Generic/Dose/Form	Instructions	Duration
VOLTAREN EMULGEL 12 HOURS / (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL DICLOFENAC DIETHYLAMINE [23.2 MG / G] / GEL (100G, TUBE) / Gel	Take 1Gel 1Time(s) perDay For 1 Day(s) others	1

Doctor Signature & Stamp :



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