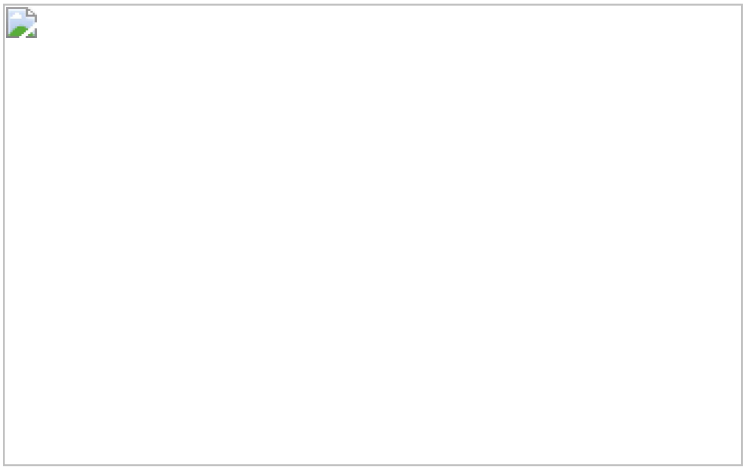
Patient details

Date	:	19-Oct-2024 / 11:45AM - 12:00PM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44550 / ABEL SIMON VAN IGHEM
Mobile #	:	0527044418
Gender / DOB/Age	:	Male / 07-May-1991
Nationality	:	French
Insurance / Card#	:	NEXTCARE -OP PCP / BAE0-BAD7-C9CE-A1E7
EMID #	:	784-1991-1804439-7



Medical Record details

Complaints

Complaints

PC: FEVER

SORETHROAT

EPIGASTRIC PAIN

COLD

BLOATING

Allergies

Allergy Type	Allergy Severity	Allergies	Allergy For	Physical Examination
		No Known Allergies	Unknown	

Vital Signs

Temperature	: 38.4	**BPS**	: 86	**BPD**	:	**Pulse**	: 120	**Height**	: 182 cm	**Weight**	: 127 kg
BMI	: 38.34078 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
19-Oct-2024	AHSAN HUSSAIN	J20.9	Acute bronchitis, unspecified	
19-Oct-2024	AHSAN HUSSAIN	R14.0	Abdominal distension (gaseous)	
19-Oct-2024	AHSAN HUSSAIN	K29.00	Acute gastritis without bleeding	
19-Oct-2024	AHSAN HUSSAIN	R09.81	Nasal congestion	
19-Oct-2024	AHSAN HUSSAIN	R10.13	Epigastric pain	
19-Oct-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1Time(s) perDay For 5 Day(s) evening	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 7 Day(s) after meal	7	14	
XYLOLIN ADULT NASAL SPRAY / (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) LIQUID FOR SPRAY (NASAL) XYLOMETAZOLINE HYDROCHLORIDE [0.1%] / LIQUID FOR SPRAY (NASAL) (10ML, SPRAY BOTTLE) / Spray	Take 1Spray 3 Time(s) per Day For 7 Day(s) after meal	7	1	
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	

Doctor Signature & Stamp :