Patient details

Date	:	20-Oct-2024 / 5:45PM - 6:00PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	38627 / SYED ARSALAN JAVED BANOORI SYED ILYAS HAIDER JAVED
Mobile #	:	0521983186
Gender / DOB/Age	:	Male / 17-Sep-1991
Nationality	:	Pakistani
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-117669243-01
EMID #	:	784-1991-4295028-8

Photo Not Available

Medical Record details

Complaints

Complaints

co feveron and off taking penadol at home running nose productive cough 14th oct 2024

oe

chest is wheezing

smoker

h/f asthma

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	: 37.1	**BPS**	: 88	**BPD**	:	**Pulse**	: 88	**Height**	: 173 cm	**Weight**	: 109 kg
BMI	: 36.41953 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										

Notes : RISK FOR FALL

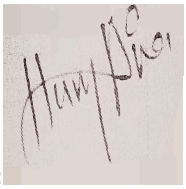
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
20-Oct-2024	Humaira	R50.9	Fever, unspecified	
20-Oct-2024	Humaira	K29.00	Acute gastritis without bleeding	
20-Oct-2024	Humaira	R05	Cough	
20-Oct-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
20-Oct-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE) DIPHENHYDRAMINE [12.5 MG/5ML] / SYRUP (SUGAR FREE) (120ML, BOTTLE) / Syrup	Take 10ML 3 Time(s) per Day For 7 Day(s) others	1	1	
GUPISONE 5MG / (PREDNISOLONE : 5 MG) TABLETS PREDNISOLONE [5 MG] / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN) ESOMEPRAZOLE (AS MAGNESIUM) [20 MG] / CAPSULES (HARD GELATIN) (14S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
MACROMAX 500 / (AZITHROMYCIN : 500 MG) FILM COATED TABLETS AZITHROMYCIN [500 MG] / FILM COATED TABLETS (3S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
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	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablet at night	5	5	

Doctor Signature & Stamp :



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