

**Patient details**

Date	:	22-Oct-2024 / 9:15AM - 9:30AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44618 / SAYMA AKTER
Mobile #	:	0551954190
Gender / DOB/Age	:	Female / 17- Sep-1993
Nationality	:	Bangladeshi
Insurance / Card#	:	NAS VN / JFEG-JJE2- C2CF-FCDE
EMID #	:	999-9999-9999999-9

**Medical Record details****Complaints****Complaints**

PC: ASTHMATIC KNOWN

ACUTE ASTHMA EXCACERBATION

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 BPS : 84 BPD : Pulse : 74 Height : 162 cm We
BMI : 23.62445 bpm Respiratory : 18 bpm SpO2 : 97% Hip : cm Waist : cm
Head Circumference : cm
Urinalysis (Protein & Glucose) :
Notes : RISK FOR FALL

Diagnosis

Date	Doctor	ICD Code	Diagnosis
22-Oct-2024	AHSAN HUSSAIN	M54.5	Low back pain
22-Oct-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified
22-Oct-2024	AHSAN HUSSAIN	R50.9	Fever, unspecified
22-Oct-2024	AHSAN HUSSAIN	J45.21	Mild intermittent asthma with (acute) exacerbation

Prescription

Generic/Dose/Form	Instructions	Duration	Qu
SINGULAIR / (MONTELUKAST : 10 MG) TABLETS MONTELUKAST [10 MG] / TABLETS (28S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 14 Day(s) others	14	14
VENTOLIN / (SALBUTAMOL(AS SULPHATE) : 2 MG/5ML) SYRUP (SUGAR FREE) SALBUTAMOL(AS SULPHATE) [2 MG/5ML] / SYRUP (SUGAR FREE) (150ML, GLASS BOTTLE) / Syrup	Take 1Syrup 2 Time(s) per Day For 7 Day(s) others	7	1
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others	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) others	7	14
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) others	7	14



Doctor Signature & Stamp :