Patient details

Date	:	24-Oct-2024 / 7:00PM - 7:15PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	44651 / AMIR ASSAD ZEIDAN
Mobile #	:	0527196862
Gender / DOB/Age	:	Male / 05-Aug-1989
Nationality	:	Lebanese
Insurance / Card#	:	NEXTCARE -OP PCP / F809-059B-24DF-F8DE
EMID #	:	784-1989-3532021-2

Medical Record details

Complaints

Complaints

PC: cough, pain in throat and fever and with generalized body pains.

Duration: 20/10/24

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 Examinatic
		No Known Allergies	Unknown	

Vital Signs

Temperature	: 36.8	**BPS**	: 56	**BPD**	:	**Pulse**	: 68	**Height**	: 184 cm	**Weigl**
BMI	: 26.16966 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
24-Oct-2024	Enomen Goodluck	R50.9	Fever, unspecified
24-Oct-2024	Enomen Goodluck	J00	Acute nasopharyngitis [common cold]
24-Oct-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified
24-Oct-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified

Prescription

Generic/Dose/Form	Instructions	Duration	Qu
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP BUTAMIRATE DIHYDROGEN CITRATE [0.15% W/V] / SYRUP (200ML, BOTTLE) / ML	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	7	1
IBULIFE 400 / (IBUPROFEN : 400 MG) TABLETS IBUPROFEN [400 MG] / TABLETS (24S, BLISTER PACK) / Tablets	Take 1Tablets 3 Time(s) per Day For 5 Day(s) after meal	5	15
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 10 Day(s) after meal	10	10
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 10 Day(s) after meal	10	20

Doctor Signature & Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.