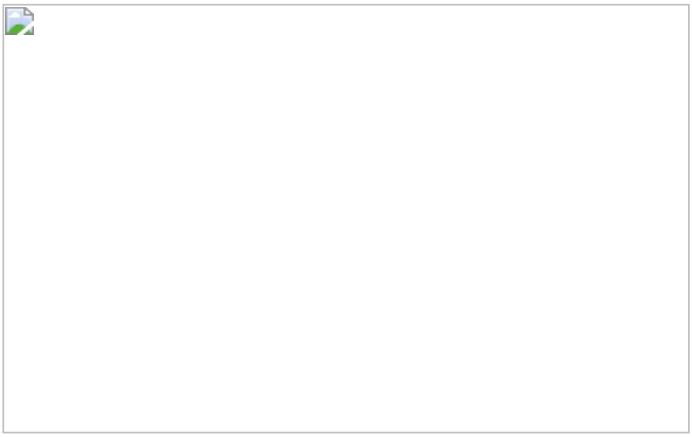
Patient details

Date	:	26-Oct-2024 / 1:45AM - 2:00AM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	41583 / SEVCAN DAGLI
Mobile #	:	0558383017
Gender / DOB/Age	:	Female / 01-Jan-1982
Nationality	:	Turkish
Insurance / Card#	:	AXA / 13/XC/35903/0/152/E/0
EMID #	:	784-1982-4884450-2



Medical Record details

Complaints

Complaints

PC: Pain in throat, fever, weakness and tremors.

Duration: 2days. biut tremors this evening (that her legs feels shaking, making it difficult to stand).

There is chest pain, but there is no cough.

To urine problems.

Vital Signs

Temperature	: 37.7	**BPS**	: 72	**BPD**	:	**Pulse**	: 92	**Height**	: 163 cm	**Weight**	: 69 kg
BMI	: 25.97012 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 96%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK OF FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
26-Oct-2024	Enomen Goodluck	M79.10	Myalgia, unspecified site	
26-Oct-2024	Enomen Goodluck	R53.1	Weakness	
26-Oct-2024	Enomen Goodluck	R50.9	Fever, unspecified	
26-Oct-2024	Enomen Goodluck	J20.9	Acute bronchitis, unspecified	
26-Oct-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	96365	Intravenous infusion for therapy prophylaxis or diagnosis (specify substance or drug) initial up to	NA	NA	
00:00:00	00:00:00	0005-149902-1021	CLOFEN	NA	NA	IM stat
00:00:00	00:00:00	0125-122107-1022	DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION	NA	NA	IV push slowly
00:00:00	00:00:00	0195-107704-0801	CEFTRIAXONE-TABUK IV	NA	NA	IV infusion over 30mins.
00:00:00	00:00:00	96372	Therapeutic prophylactic or diagnostic injection (specify substance or drug) subcutaneous or intramu	NA	NA	
00:00:00	00:00:00	0005-174202-0781	RISEK 40MG	NA	NA	
00:00:00	00:00:00	96375	Therapeutic prophylactic or diagnostic injection (specify substance or drug) each additional sequent	NA	NA	
00:00:00	00:00:00	0102-111908-1001	SODIUM CHLORIDE B.P.	NA	NA	
00:00:00	00:00:00	INJ014	INJ-NEUROBION VITAMIN B GROUPS			
00:00:00	00:00:00	9	GP Consultation	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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 5 Day(s) after meal	5	5	
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	
FLUIMUCIL 600MG / (ACETYLCYSTEINE : 600 MG) EFFERVESCENT TABLETS ACETYLCYSTEINE [600 MG] / EFFERVESCENT TABLETS (10S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal	5	10	
MAXIGESIC / (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS IBUPROFEN/PARACETAMOL [150 MG|500 MG] / FILM COATED TABLETS (16S, BLISTER) / Tablets	Take 2Tablets 2 Time(s) per Day For 4 Day(s) after meal	4	16	
FLUDREX / (CHLORPHENIRAMINE : 0.75 MG/5 ML) (PARACETAMOL : 120 MG/5ML) (PSEUDOEPHEDRINE : 15 MG/5ML) SYRUP CHLORPHENIRAMINE/PARACETAMOL/PSEUDOEPHEDRINE [0.75 MG/5 ML|120 MG/5ML|15 MG/5ML] / SYRUP (120ML, BOTTLE) / ML	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal	7	1	

Doctor Signature & Stamp :

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