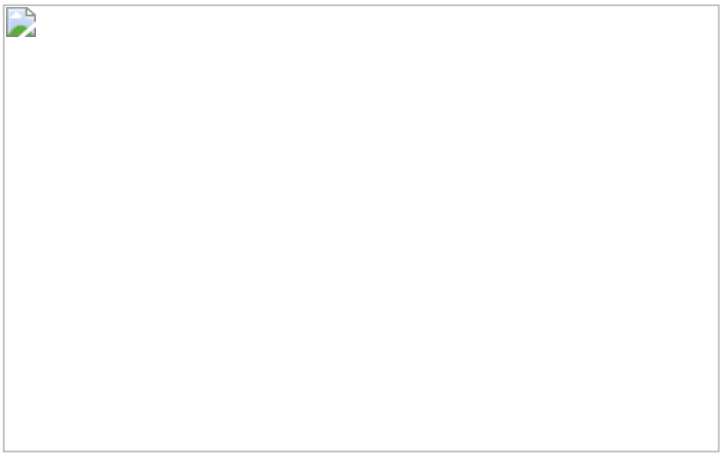
Patient details

Date	:	30-Oct-2024 / 8:00AM - 8:15AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44728 / REINA THERESE MONTEROSO CABALLERO
Mobile #	:	0526489570
Gender / DOB/Age	:	Female / 02-Aug-1985
Nationality	:	Philippine
Insurance / Card#	:	AAFIYA MEDICAL BILLING SERVICES LLC / 1396493
EMID #	:	784-1985-6313095-8



Medical Record details

Complaints

Complaints

PC: FEVER

SORETHROAT

COUGH

FLU

HEADACHE

LOW BACK PAIN

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	: 37.8	**BPS**	: 74	**BPD**	:	**Pulse**	: 100	**Height**	: 158 cm	**Weight**	: 63 kg
BMI	: 25.23634 bpm	**Respiratory**	: 20 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		

Head Circumference : cm

Urinalysis (Protein & Glucose) :

Notes : RISK FOR FALL

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
30-Oct-2024	AHSAN HUSSAIN	N39.0	Urinary tract infection, site not specified	
30-Oct-2024	AHSAN HUSSAIN	J20.9	Acute bronchitis, unspecified	
30-Oct-2024	AHSAN HUSSAIN	M54.5	Low back pain	
30-Oct-2024	AHSAN HUSSAIN	R50.9	Fever, unspecified	
30-Oct-2024	AHSAN HUSSAIN	J00	Acute nasopharyngitis [common cold]	
30-Oct-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP BUTAMIRATE DIHYDROGEN CITRATE [0.15% W/V] / SYRUP (200ML, BOTTLE) / Syrup	Take 1Syrup 2 Time(s) per Day For 7 Day(s) after meal	7	1	
FLUTAB / (DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
ZITHROCON 500 / (AZITHROMYCIN : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (3S, BLISTER PACK / 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 5 Day(s) others	5	5	

Doctor Signature & Stamp :