Patient details

Date	:	01-Nov-2024 / 11:30PM - 11:45PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	44755 / SHANZEY HASSAN
Mobile #	:	0523904547
Gender / DOB/Age	:	Female / 03-Feb-1987
Nationality	:	New Zealand
Insurance / Card#	:	NEXTCARE -OP PCP / B872-9056-210E-E836
EMID #	:	784-1987-3035760-9

Medical Record details

Complaints

Complaints

CO DRY cough pain in throat both toe nail infaction constipation 26th oct 2024

oe

chest is congested no added sounds

restless

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	: 36.7	**BPS**	: 68	**BPD**	:	**Pulse**	: 70	**Height**	: 166 cm	**Weigl**	
BMI	: 14.47961 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

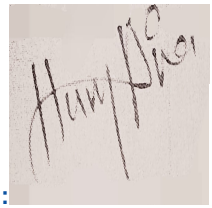
Diagnosis

Date	Doctor	ICD Code	Diagnosis
01-Nov-2024	Humaira	K56.41	Fecal impaction
01-Nov-2024	Humaira	J45.909	Unspecified asthma, uncomplicated
01-Nov-2024	Humaira	R05	Cough
01-Nov-2024	Humaira	C84.00	Mycosis fungoides, unspecified site
01-Nov-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified

Prescription

Generic/Dose/Form	Instructions	Duration	Qu
DUPHALAC / (LACTULOSE : 66.7%) SYRUP LACTULOSE [66.7%] / SYRUP (300ML, PLASTIC BOTTLE) / Syrup	Take 30 ml at night	1	1
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) after meal	1	1
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablet at night	10	10
AIRFAST 10MG / (MONTELUKAST (AS SODIUM : 10 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (30S, BLISTER PACK / Tablets	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others	30	30
FUNZOL 150MG / (FLUCONAZOLE : 150 MG CAPSULES (HARD GELATIN ORAL / CAPSULES (HARD GELATIN (1S, BLISTER / Tablets	Take 1Tablets 1 Time(s) per Week For 5 Day(s) others	5	5

Doctor Signature & Stamp :



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