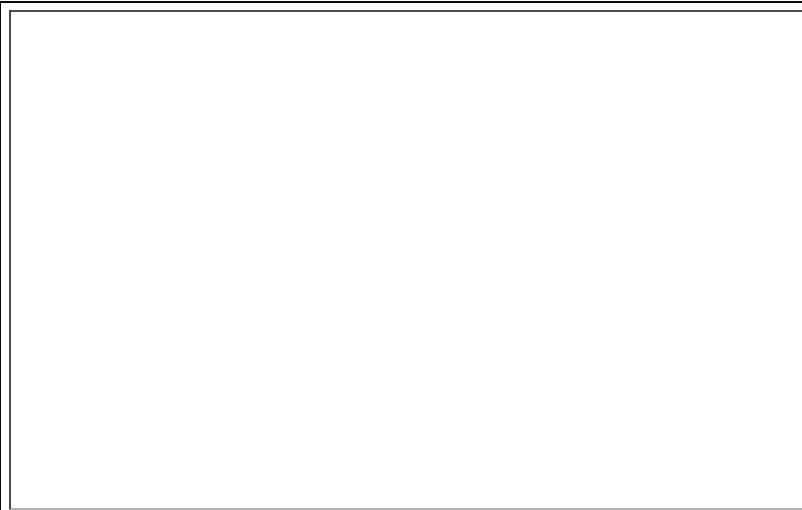


**Patient details**

|                            |   |                                               |
|----------------------------|---|-----------------------------------------------|
| Date                       | : | 02-Nov-2024 /<br>1:00PM - 1:15PM              |
| Doctor                     | : | AHSAN<br>HUSSAIN(General)                     |
| Reg # /<br>Patient<br>Name | : | 38848 / ROSE<br>NAGAWA                        |
| Mobile #                   | : | 0567826456                                    |
| Gender /<br>DOB/Age        | : | Female / 15-<br>Oct-1982                      |
| Nationality                | : | Ugandan                                       |
| Insurance<br>/ Card#       | : | NEXTCARE -OP PCP /<br>61E9-<br>BF2D-34A4-55F9 |
| EMID #                     | : | 784-1982-7406049-4                            |

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

pc: fever  
weakness  
flu sorethroat  
low back pain  
dizziness

**Vital Signs**

|                                |                 |             |          |      |       |       |      |        |          |        |   |
|--------------------------------|-----------------|-------------|----------|------|-------|-------|------|--------|----------|--------|---|
| Temperature                    | : 37            | BPS         | : 78     | BPD  | :     | Pulse | : 74 | Height | : 161 cm | Weight | : |
| BMI                            | : 24.96045 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                                      |
|-------------|---------------|----------|------------------------------------------------|
| 02-Nov-2024 | AHSAN HUSSAIN | M62.81   | Muscle weakness (generalized)                  |
| 02-Nov-2024 | AHSAN HUSSAIN | E86.0    | Dehydration                                    |
| 02-Nov-2024 | AHSAN HUSSAIN | M62.830  | Muscle spasm of back                           |
| 02-Nov-2024 | AHSAN HUSSAIN | M54.5    | Low back pain                                  |
| 02-Nov-2024 | AHSAN HUSSAIN | R50.9    | Fever, unspecified                             |
| 02-Nov-2024 | AHSAN HUSSAIN | J00      | Acute nasopharyngitis [common cold]            |
| 02-Nov-2024 | AHSAN HUSSAIN | J06.9    | Acute upper respiratory infection, unspecified |

## Prescription

| Generic/Dose/Form                                                                                                                                            | Instructions                                            | Duration | Qu |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------|----|
| ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets                              | Take 1Tablets 1Time(s) perDay For 5 Day(s) evening      | 5        | 5  |
| BRUFEN 400MG / (IBUPROFEN : 400 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (30S, BLISTER PACK) / Tablets                                              | Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal | 7        | 14 |
| MYDOCALM / (TOLPERISONE : 150 MG) SUGAR COATED TABLETS TOLPERISONE [150 MG] / SUGAR COATED TABLETS (30S, BLISTER PACK) / Tablets                             | Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal | 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 2Time(s) perDay For 7 Day(s) after meal   | 7        | 14 |



Doctor Signature & Stamp :