



Patient details

Date	:	04-Nov-2024 / 7:15PM - 7:30PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	39961 / LIAQAT ALI KHAN MOMIN KHAN
Mobile #	:	0555970161
Gender / DOB/Age	:	Male / 01-Jan- 1992
Nationality	:	Pakistani
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000- 118712256-01
EMID #	:	784-1992- 1515835-5



**Photo
Not
Available**

Medical Record details

Complaints

Complaints

PC: Pain in throat

Duration: 3 days (1/11/24).

Associated cough and body pains.

There is no fever.

Complaint of recurrent low back pain.

Recently diagnosed of hyperuricemia and has been commenced on medications.

vitamin D also requested.

DECLINED VITAMIN CHECK

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 : 36.8 BPS : 68 BPD : Pulse : 88 Height : 167 cm Weight : 66.7 kg

BMI : 23.91624 bpm **Respiratory** : 18 bpm **SpO2** : 98% **Hip** : cm **Waist** : cm
Head Circumference : cm
Urinalysis (Protein & Glucose) :
Notes : RISK FOR FALL

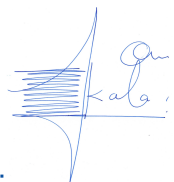
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
04-Nov-2024	Enomen Goodluck	M54.5	Low back pain	
04-Nov-2024	Enomen Goodluck	R05	Cough	
04-Nov-2024	Enomen Goodluck	R07.0	Pain in throat	
04-Nov-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
BETADINE THROAT SPRAY / (POVIDONE IODINE : 0.45%) SPRAY SOLUTION POVIDONE IODINE [0.45%] / SPRAY SOLUTION (50ML, BOTTLE) / Spray	Take 1Spray 3 Time(s) per Day For 7 Day(s) others	7	1	
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 600 / (IBUPROFEN : 600 MG) TABLETS IBUPROFEN [600 MG] / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal	10	20	
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 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.

