Patient details

Date	:	07-Nov-2024 / 10:00PM - 11:00PM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44826 / NTANI GEORGIOS OR DANY TZARTZOURA
Mobile #	:	0542454508
Gender / DOB/Age	:	Male / 27-Aug-1993
Nationality	:	Greek
Insurance / Card#	:	NEXTCARE -OP PCP / 9038-ACED-F959-B366
EMID #	:	784-1993-1554019-7

Photo Not Available

Medical Record details

Complaints

Complaints

PC: ALLERGIC RHINITIS 2 DAYS

FLU 3 DAYS

FEVER

COUGH

SINUSITIS MAXILLARY

NASAL BLOCKAGE

BODY PAIN

LOW BACK PAIN

Allergies

Allergy Type	Allergy Severity	Allergies	Allergy For	Physical Examination
		No Known Allergies	Unknown	

Vital Signs

Temperature	: 36.4	**BPS**	: 56	**BPD**	:	**Pulse**	: 71	**Height**	: 170 cm	**Weight**	: 82.9 kg
BMI	: 28.68512 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		

Head Circumference : cm

Urinalysis (Protein & Glucose) :

Notes : risk of fall

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
07-Nov-2024	AHSAN HUSSAIN	M54.5	Low back pain	
07-Nov-2024	AHSAN HUSSAIN	J20.9	Acute bronchitis, unspecified	
07-Nov-2024	AHSAN HUSSAIN	J01.00	Acute maxillary sinusitis, unspecified	
07-Nov-2024	AHSAN HUSSAIN	J00	Acute nasopharyngitis [common cold]	
07-Nov-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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) evening	5	5	
XYLOLIN ADULT NASAL SPRAY / (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) LIQUID FOR SPRAY (NASAL) XYLOMETAZOLINE HYDROCHLORIDE [0.1%] / LIQUID FOR SPRAY (NASAL) (10ML, SPRAY BOTTLE) / Puff	Take 1 Puff 2Time(s) perDay For 7 Day(s) after meal	7	1	
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V SYRUP ORAL / SYRUP (200ML, BOTTLE / Syrup	Take 5 ML Syrup 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 DIPHENHYDRAMINE/PARACETAMOL/PSEUDOEPHEDRINE [25 MG|500 MG|30 MG] / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2Time(s) perDay 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 2 Time(s) per Day For 7 Day(s) after meal	7	14	

Doctor Signature & Stamp :