



Patient details

Date	:	07-Nov-2024 / 9:00PM - 9:15PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	38797 / NARESH GENDA LAL
Mobile #	:	0569644103
Gender / DOB/Age	:	Male / 03-Aug-1993
Nationality	:	Indian
Insurance / Card#	:	E CARE - Blue Network / I035-029-118743875-01
EMID #	:	784-1993-5432854-6



Photo
Not
Available

Medical Record details

Complaints

Complaints

PC: Pain during defecation. hard stools, constipation.

Duration: 1week.

There is no blood in stool.

Vital Signs

Temperature : 36 BPS : 88 BPD : Pulse : 75 Height : 165 cm Weight : 76 kg
BMI : 27.91552 bpm Respiratory : 18 bpm SpO2 : 99% Hip : cm Waist : cm
Head Circumference : cm
Urinalysis (Protein & Glucose) :
Notes : RISK OF FALL

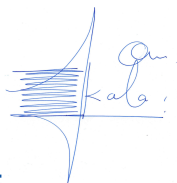
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
07-Nov-2024	Enomen Goodluck	K64.9	Unspecified hemorrhoids	
07-Nov-2024	Enomen Goodluck	K60.2	Anal fissure, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
OMACIP / (CIPROFLOXACIN : 500 MG) FILM COATED TABLETS CIPROFLOXACIN [500 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal	5	10	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MOVICOL / (POTASSIUM CHLORIDE : 46.6 MG) (POLYETHYLENE GLYCOL : 13.125 G) (SODIUM BICARBONATE : 178.5 MG) (SODIUM CHLORIDE : 350.7 MG) ORAL POWDER POTASSIUM CHLORIDE/POLYETHYLENE GLYCOL/SODIUM BICARBONATE/SODIUM CHLORIDE [46.6 MG 13.125 G 178.5 MG 350.7 MG] / ORAL POWDER (13.8G X 20, SACHET) / Powder	Take 1Powder 2Time(s) perDay For 10 Day(s) others	10	20	
VOLTAREN / (DICLOFENAC SODIUM : 100 MG) RECTAL SUPPOSITORIES DICLOFENAC SODIUM [100 MG] / RECTAL SUPPOSITORIES (5S, STRIP) / Tablets	Take 1Tablets 1Time(s) perDay For 5 Day(s) evening	5	5	
DAFLON / (HESPERIDIN : 50 MG (DIOSMIN (FLAVONOIDIC FRACTION : 450 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 2Time(s) perDay For 15 Day(s) after meal	15	30	



Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.



Doctor Signature & Stamp :