Patient details

Date	:	08-Nov-2024 / 6:30PM - 6:45PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	44845 / CAREN JOY RUIZ ABENES
Mobile #	:	0563896507
Gender / DOB/Age	:	Female / 08-Nov-1991
Nationality	:	Philippine
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-121404796-01
EMID #	:	784-1991-2965464-8

Medical Record details

Complaints

Complaints

co fever on and off dry cough dark colour of urine 2nd nov.2024

oe

chest is congested no addded 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 Examination
		No Known Allergies	Unknown	

Vital Signs

Temperature	: 36.8	**BPS**	: 90	**BPD**	:	**Pulse**	: 76	**Height**	: 152 cm	**Weight**	: 71 kg
BMI	: 30.73061 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

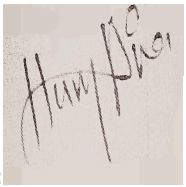
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
08-Nov-2024	Humaira	K29.00	Acute gastritis without bleeding	
08-Nov-2024	Humaira	N39.0	Urinary tract infection, site not specified	
08-Nov-2024	Humaira	R05	Cough	
08-Nov-2024	Humaira	R50.9	Fever, unspecified	
08-Nov-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
08-Nov-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GERDIL 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES ORAL / DELAYED RELEASE CAPSULES (30S, CONTAINER / Tablets	Take 1Tablets 2Time(s) perDay For 7 Day(s) others	7	14	
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE ORAL / SYRUP (SUGAR FREE (120ML, BOTTLE / Syrup	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	1	1	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG|500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	3	6	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablet at night	5	5	

Doctor Signature & Stamp :



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