Patient details

Date	:	09-Nov-2024 / 12:15PM - 12:30PM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	38476 / ALBIN ANTONY RAJU
Mobile #	:	0569618957
Gender / DOB/Age	:	Male / 07-Dec-1995
Nationality	:	Indian
Insurance / Card#	:	FMC Standard Network / I019-010-118700760-01
EMID #	:	784-1995-5770127-5

Medical Record details

Complaints

Complaints

PC: stomach pain 1 day

fever

nausea 1 day

vomiting 1 day

diarrhea 1 day

frequency 2 to 3 times in 2 hours

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	: 37	**BPS**	: 70	**BPD**	:	**Pulse**	: 82	**Height**	: 164 cm	**Weight**	: 83 kg
BMI	: 30.85961 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
09-Nov-2024	AHSAN HUSSAIN	E86.0	Dehydration	
09-Nov-2024	AHSAN HUSSAIN	R10.13	Epigastric pain	
09-Nov-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without esophagitis	
09-Nov-2024	AHSAN HUSSAIN	R19.7	Diarrhea, unspecified	
09-Nov-2024	AHSAN HUSSAIN	R11.11	Vomiting without nausea	
09-Nov-2024	AHSAN HUSSAIN	K29.00	Acute gastritis without bleeding	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
SCOPINAL / (HYOSCINE : 10 MG) FILM COATED TABLETS HYOSCINE [10 MG] / FILM COATED TABLETS (200S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal	5	10	
GASTOP 250MG CAPSULES / (SIMETHICONE : 250 MG) CAPSULES SIMETHICONE [250 MG] / CAPSULES (30S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal	5	10	
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN ORAL / CAPSULES (HARD GELATIN (14S, BLISTER / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) before meal	5	10	
PREMOSAN / (METOCLOPRAMIDE : 10 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal	5	10	
ANAZOL / (METRONIDAZOLE : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	

Doctor Signature & Stamp :