Patient details

Date	:	10-Nov-2024 / 5:15PM - 5:30PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	43114 / MYO THET TUN
Mobile #	:	0558818406
Gender / DOB/Age	:	Male / 02-Dec-1999
Nationality	:	Myanmarese
Insurance / Card#	:	FMC Standard Network / I005-010-120534165-01
EMID #	:	784-1999-3464717-5

Photo Not Available

Medical Record details

Complaints

Complaints

co fever on and off taking tablet at home bodyache productive cough pain in the throat nasal congestion 6th nov. 2024

oe chest is congested no added 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	: 38.6	**BPS**	: 78	**BPD**	:	**Pulse**	: 90	**Height**	: 172 cm	**Weight**	: 57.5 kg
BMI	: 19.43618 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: RISK FOR FALL										

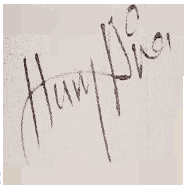
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
10-Nov-2024	Humaira	K29.00	Acute gastritis without bleeding	
10-Nov-2024	Humaira	R05	Cough	
10-Nov-2024	Humaira	R50.9	Fever, unspecified	
10-Nov-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
10-Nov-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE ORAL / SYRUP (SUGAR FREE (120ML, BOTTLE / Syrup	Take 10 ml three times in a day	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 3 Day(s) others	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	
GERDIL 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES ORAL / DELAYED RELEASE CAPSULES (30S, CONTAINER / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
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.