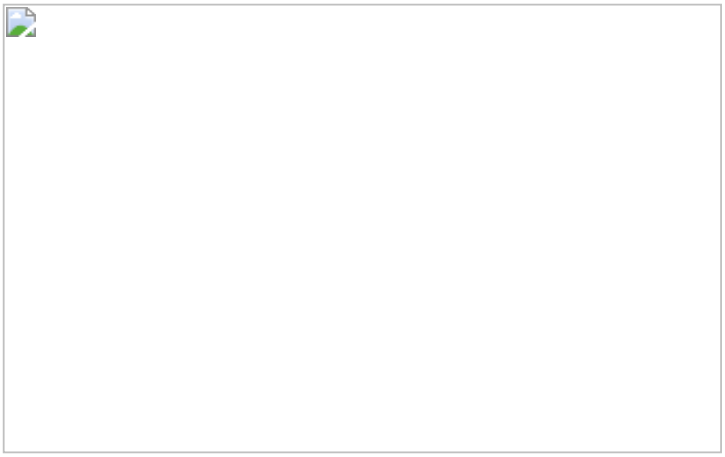
Patient details

Date	:	11-Nov-2024 / 11:00AM - 11:15AM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	44869 / TEOPISTA NAMIREMBE
Mobile #	:	0563549408
Gender / DOB/Age	:	Female / 29-Nov-1993
Nationality	:	Ugandan
Insurance / Card#	:	E CARE - Blue Network / I040-029-121406571-01
EMID #	:	784-1993-3964296-1



Medical Record details

Complaints

Complaints

co swelling of joint foot pain in foot 7th nov .2024

oe chest is clear no added sound

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 : 36.6 **BPS** : 70 **BPD** : **Pulse** : 78 **Height** : 160 cm **Weight** : 56.6 kg

BMI : 22.10938 bpm **Respiratory** : 18 bpm **SpO2** : 99% **Hip** : cm **Waist** : cm

Head Circumference : cm

Urinalysis (Protein & Glucose) :

Notes : RISK FOR FALL

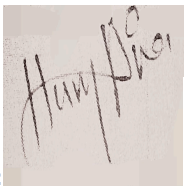
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
11-Nov-2024	Humaira	R52	Pain, unspecified	
11-Nov-2024	Humaira	M62.838	Other muscle spasm	
11-Nov-2024	Humaira	R22.43	Localized swelling, mass and lump, lower limb, bilateral	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
BRUFEN RAPID 400 MG / (IBUPROFEN : 400 MG SOFT GELATIN CAPSULES ORAL / SOFT GELATIN CAPSULES (20S, BLISTER / Tablets	Take 1Tablets 2 Time(s) per Day Fo	5	10	
MYDOCALM / (TOLPERISONE : 150 MG) SUGAR COATED TABLETS TOLPERISONE [150 MG] / SUGAR COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	
VOLTAREN EMULGEL 12 HOURS / (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL DICLOFENAC DIETHYLAMINE [23.2 MG / G] / GEL (100G, TUBE) / Gel	Take 1Gel 1 Time(s) per Day For 1 Day(s) others	1	1	

Doctor Signature & Stamp :



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