Patient details

Date	:	13-Nov-2024 / 10:00AM - 10:15AM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	44889 / VIJAY KUMAR UMA SHANKAR
Mobile #	:	0568729653
Gender / DOB/Age	:	Male / 08-Jul-1993
Nationality	:	Indian
Insurance / Card#	:	NAS - SRN WN / 1II9-4G4C-DCDI-2DEA
EMID #	:	784-1993-3195965-2

Medical Record details

Complaints

Complaints

co fever on and off dry cough running nose pain in throat 9th 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 Examinatic
		No Known Allergies	Unknown	

Vital Signs

Temperature	: 36.6	**BPS**	: 80	**BPD**	:	**Pulse**	: 88	**Height**	: 160 cm	**We**	
BMI	: 27.34375 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
13-Nov-2024	Humaira	K29.00	Acute gastritis without bleeding
13-Nov-2024	Humaira	R05	Cough
13-Nov-2024	Humaira	R50.9	Fever, unspecified
13-Nov-2024	Humaira	J30.9	Allergic rhinitis, unspecified
13-Nov-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified

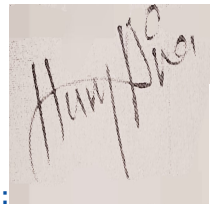
Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface
00:00:00	00:00:00	9	Consultation Gp	NA	NA
10:26:28	10:59:28	0195-107704-0801	CEFTRIAXONE-TABUK IV	NA	NA
10:26:28	10:59:28	96365	Iv Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr	NA	NA
10:26:28	10:31:28	0005-149902-1021	CLOFEN	NA	NA
10:26:28	10:36:28	0188-135906-2441	PULMICORT	NA	NA
10:26:28	10:36:28	94640	Pressurized/Nonpressurized Inhalation Treatment	NA	NA

Prescription

Generic/Dose/Form	Instructions	Duration	Qu
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) others	1	1
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
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
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 6 Day(s) others	6	12

Doctor Signature & Stamp :



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