Patient details

Date	:	13-Nov-2024 / 10:30AM - 10:45AM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	44419 / MANNU KUSHWAHA PURAN KUSHWAHA
Mobile #	:	0502602752
Gender / DOB/Age	:	Male / 16-Oct-1985
Nationality	:	Indian
Insurance / Card#	:	NAS - SRN WN / EA2G-GFE2-C2CK-ECDE
EMID #	:	784-1985-4753704-7

Medical Record details

Complaints

Complaints

co fever headache dark colour of urine pain in the urination

9th nov. 2024

oe chest is clear no added sounds

restless

tambakoo

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	: 37.9	**BPS**	: 72	**BPD**	:	**Pulse**	: 88	**Height**	: 173 cm	**Weigl**	
BMI	: 31.04013 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	R19.7	Diarrhea, unspecified
13-Nov-2024	Humaira	K29.00	Acute gastritis without bleeding
13-Nov-2024	Humaira	R50.9	Fever, unspecified
13-Nov-2024	Humaira	N39.0	Urinary tract infection, site not specified

Treatments

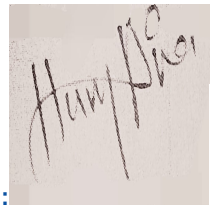
Start Time	End Time	CPT Code	Treatment	Teeth No	Surfa
00:00:00	00:00:00	9	Consultation Gp	NA	NA
10:56:14	11:35:14	0195-107704-0801	CEFTRIAXONE-TABUK IV	NA	NA
10:56:14	11:35:14	96365	Iv Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr	NA	NA
10:56:14	11:35:14	2190-106618-1002	Parafusiv [Solution For Injection - 10mg/ml - 50.00 Liquids Vial (x10)]	NA	NA
10:56:14	11:02:14	0005-149902-1021	CLOFEN	NA	NA
10:56:14	11:35:14	0131-116601-1001	Metronidazole [Concentrate For Infusion - 5mg/ml - 100.00 Liquids Bottle (x1)]	NA	NA
00:00:00	00:00:00	96367	Iv Infusion Ther Proph Addl Sequential To 1 Hr	NA	NA

Prescription

Generic/Dose/Form	Instructions	Duration	Qu
ALKA-CRAN / (TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES TARTARIC ACID/SODIUM BICARBONATE/CRANBERRY EXTRACT/TRI SODIUM CITRATE ANHYDROUS/CITRIC ACID ANHYDROUS [0.89G|1.76G|0.25 G|0.63G|0.72G] / EFFERVESCENT GRANULES (10 X 4.25G, SACHET) / sachet	Take 1sachet 3 Time(s) per Day For 7 Day(s) others	7	21

Generic/Dose/Form	Instructions	Duration	Qu
MIRAZOL / (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) others	7	14
IFICIPRO 500 / (CIPROFLOXACIN (AS HYDROCHLORIDE : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (10S, BLISTER / 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 2Tablets 2 Time(s) per Day For 6 Day(s) others	6	24

Doctor Signature & Stamp :



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