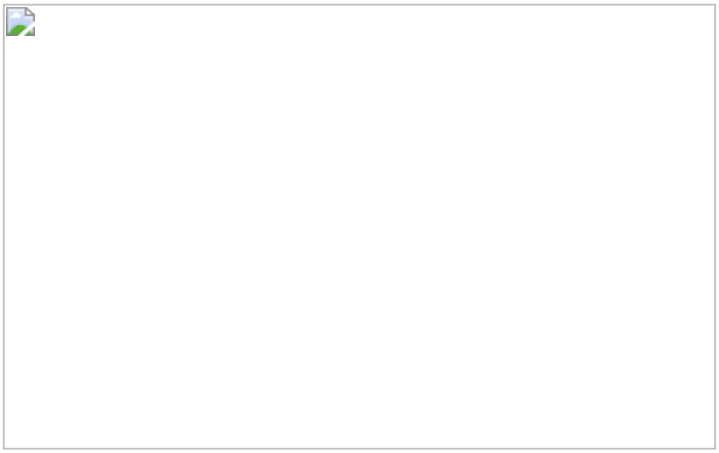
Patient details

Date	:	13-Nov-2024 / 5:15PM - 5:30PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	37804 / DAYANANDA BAJAKKAREMOOLE SUBBAPURUSHA
Mobile #	:	505882976
Gender / DOB/Age	:	Male / 28-Feb-1965
Nationality	:	Indian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-115298155-01
EMID #	:	784-1965-4360524-8



Medical Record details

Complaints

Complaints

co fever on and off dry cogh running nose 9th nov. 2024

oe

chest is congested no added sounds

restless

A known diabetic and hyperlipidemic patient. Has a previous history of TIA/stroke for which he is on regular aspirin. Has a previous history of TIA/stroke for which he is on regular aspirin.

Past / Family / Social History

Past History	:	Diabetes,Stroke
Other Past History	:	DM,STROKE
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	: 36.7	**BPS**	: 86	**BPD**	:	**Pulse**	: 88	**Height**	: 168 cm	**Weight**	: 76.8 kg
BMI	: 27.21089 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									

Urinalysis (Protein & Glucose) :

Notes : RISK FOR FALL

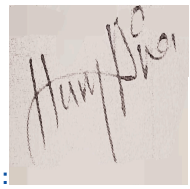
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
13-Nov-2024	Humaira	K29.00	Acute gastritis without bleeding	
13-Nov-2024	Humaira	R50.9	Fever, unspecified	
13-Nov-2024	Humaira	R05	Cough	
13-Nov-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
13-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) DIPHENHYDRAMINE [12.5 MG/5ML] / SYRUP (SUGAR FREE) (120ML, BOTTLE) / Syrup	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	1	1	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG|500 MG] / CAPLETS (24S, BOX) / Tablets	Take 2 tablet as per needed	6	12	
APEX 400 MG / (CEFIXIME : 400 MG) CAPSULES CEFIXIME [400 MG] / CAPSULES (6S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
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.