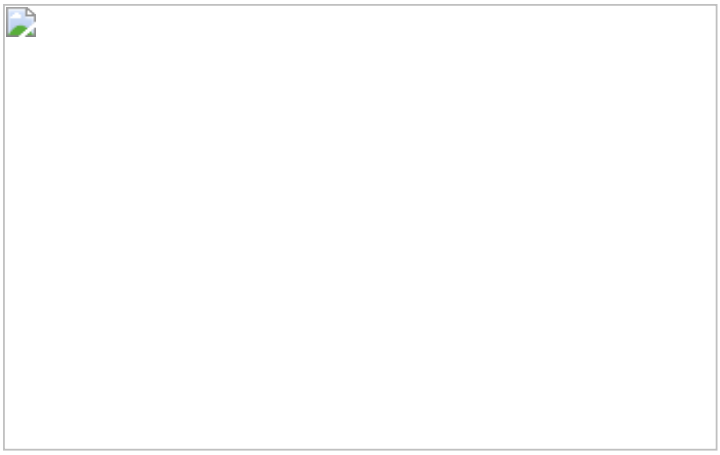
Patient details

Date	:	14-Nov-2024 / 6:00PM - 6:15PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	44911 / SAMANTHA NDEBELE
Mobile #	:	0586917494
Gender / DOB/Age	:	Female / 04-Mar-1996
Nationality	:	Zimbabwean
Insurance / Card#	:	NEXTCARE -OP PCP / 6B95-9448-CB75-7624
EMID #	:	784-1996-9005591-0



Medical Record details

Complaints

Complaints

PC: pain in throat, cough and recurrent intermittent low grade fever.

Duration: 2days.

Also lacks appetite, nasal congeston and sneezing

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	: 36.7	**BPS**	: 100	**BPD**	:	**Pulse**	: 74	**Height**	: 167 cm	**Weight**	: 83 kg
BMI	: 29.76084 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
14-Nov-2024	Enomen Goodluck	R50.9	Fever, unspecified	
14-Nov-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
14-Nov-2024	Enomen Goodluck	J01.00	Acute maxillary sinusitis, unspecified	
14-Nov-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GUPISONE 5MG / (PREDNISOLONE : 5 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 2Tablets 1 Time(s) per Day For 7 Day(s) after meal	7	14	
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP BUTAMIRATE DIHYDROGEN CITRATE [0.15% W/V] / SYRUP (200ML, BOTTLE) / ML	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	7	1	
MAXIGESIC / (IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (16S, BLISTER / Tablets	Take 1Tablets 3 Time(s) per Day For 5 Day(s) after meal	5	15	
FLUTAB / (DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal	10	20	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1Time(s) perDay For 10 Day(s) after meal	10	10	

Doctor Signature & Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.