Patient details

Date	:	17-Nov-2024 / 5:45PM - 6:00PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	35050 / ADEL SAYED RAMADAN SAYED
Mobile #	:	0527741140
Gender / DOB/Age	:	Male / 26-Feb-1974
Nationality	:	Egyptian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-115298184-01
EMID #	:	784-1974-0698639-4

Medical Record details

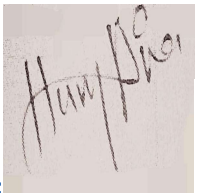
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
17-Nov-2024	Humaira	N39.43	Post-void dribbling	
17-Nov-2024	Humaira	R50.9	Fever, unspecified	
17-Nov-2024	Humaira	N39.0	Urinary tract infection, site not specified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
CIFRAN 500 / (CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS CIPROFLOXACIN (AS HYDROCHLORIDE) [500 MG] / FILM COATED TABLETS (10S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
MIRAZOL / (METRONIDAZOLE : 500 MG) FILM COATED TABLETS METRONIDAZOLE [500 MG] / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
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.