Patient details

Date	:	17-Nov-2024 / 9:15PM - 9:30PM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	33735 / PRIYANKA RAWAT DARBAN SINGH
Mobile #	:	0561479268
Gender / DOB/Age	:	Female / 10-Feb-1996
Nationality	:	Indian
Insurance / Card#	:	FMC Standard Network / I019-010-117392367-01
EMID #	:	784-1996-3269295-2

Medical Record details

Complaints

Complaints

pc: allergic dermatitis started today 17/11/2024 5 hours before

blister on leg 17/11/2024

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	: 36.6	**BPS**	: 70	**BPD**	:	**Pulse**	: 88	**Height**	: 163 cm	**Weight**	: 63 kg
BMI	: 23.71185 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		

Head Circumference : cm

Urinalysis (Protein & Glucose) :

Notes : RISK FOR FALL

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
17-Nov-2024	AHSAN HUSSAIN	R50.9	Fever, unspecified	
17-Nov-2024	AHSAN HUSSAIN	S80.822A	Blister (nonthermal), left lower leg, initial encounter	
17-Nov-2024	AHSAN HUSSAIN	R21	Rash and other nonspecific skin eruption	
17-Nov-2024	AHSAN HUSSAIN	L30.9	Dermatitis, unspecified	
17-Nov-2024	AHSAN HUSSAIN	C84.09	Mycosis fungoides, extranodal and solid organ sites	
17-Nov-2024	AHSAN HUSSAIN	L23.89	Allergic contact dermatitis due to other agents	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ZITHROCON 500 / (AZITHROMYCIN : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (3S, BLISTER PACK / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) after meal	7	7	
DERMOVATE 0.05% / (CLOBETASOL PROPIONATE : 0.5 MG/G) CREAM CLOBETASOL PROPIONATE [0.5 MG/G] / CREAM (30G, COLLAPSIBLE TUBE) / Cream	Take 1Cream 2 Time(s) per Day For 14 Day(s) others	14	1	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 10 Day(s) others	10	10	

Doctor Signature & Stamp :