Patient details

Date	:	19-Nov-2024 / 8:30PM - 8:45PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	37560 / MLUNGISI CHINYOKA
Mobile #	:	0557368590
Gender / DOB/Age	:	Male / 03-Sep-1980
Nationality	:	Zimbabwean
Insurance / Card#	:	NAS VN / 2D9E-EC2F-EF9D-3FAD
EMID #	:	784-1980-4803186-2

Medical Record details

Complaints

Complaints

throat pain, fever and headache and weakness.

Duration: 3days (16/11/2024)

Also cough that is productive of yellow sputum.

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	: 37.7	**BPS**	: 90	**BPD**	:	**Pulse**	: 82	**Height**	: 183 cm	**Weight**	: 97 kg
BMI	: 28.96474 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		

Head Circumference : cm

Urinalysis (Protein & Glucose) :

Notes : RISK FOR FALL

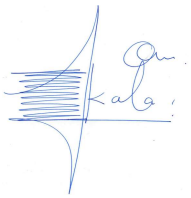
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
19-Nov-2024	Enomen Goodluck	R50.9	Fever, unspecified	
19-Nov-2024	Enomen Goodluck	J01.40	Acute pansinusitis, unspecified	
19-Nov-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
19-Nov-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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) evening	10	10	
MACROMAX 500 / (AZITHROMYCIN : 500 MG) FILM COATED TABLETS AZITHROMYCIN [500 MG] / FILM COATED TABLETS (6S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal	5	5	
IBULIFE 400 / (IBUPROFEN : 400 MG TABLETS ORAL / TABLETS (24S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 4 Day(s) after meal	4	8	
AMYDRAMINE EXPECTORANT / (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP SODIUM CITRATE/AMMONIUM CHLORIDE/MENTHOL/DIPHENHYDRAMINE [57 MG/5ML|131.5 MG/5 ML|1.1 MG/5 ML|13.5 MG/5ML] / SYRUP (5ML X 20, SACHET) / ML	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	7	1	
GUPISONE 5MG / (PREDNISOLONE : 5 MG TABLETS ORAL / TABLETS (40S, BLISTER / Tablets	Take 2Tablets 1 Time(s) per Day For 7 Day(s) after meal	7	14	
FLUTAB / (DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2Time(s) perDay For 10 Day(s) after meal	10	20	

Doctor Signature & Stamp :



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