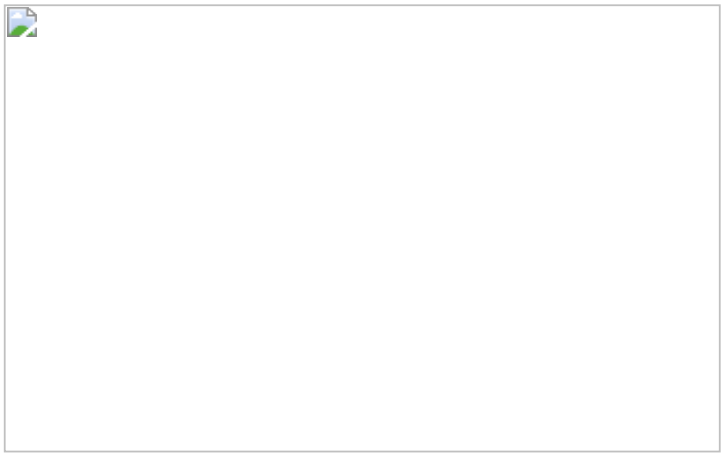
Patient details

Date	:	20-Nov-2024 / 6:30AM - 6:45AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	36696 / ZAREESH KHAN FAHEEM KHAN
Mobile #	:	0569200125
Gender / DOB/Age	:	Female / 23-Dec-2021
Nationality	:	Pakistani
Insurance / Card#	:	NEXTCARE -OP PCP / 2A81-2C78-D795-CF12
EMID #	:	784-2021-9783061-9



Medical Record details

Complaints

Complaints

PC: COUGH 1 DAY 20/11/2024

FEVER 1 DAYS

FLU 1 DAY

Allergies

Allergy Type	Allergy Severity	Allergies	Allergy For	Physical Examination
		No Known Allergies	Unknown	

Vital Signs

Temperature	: 34.2	**BPS**	: 60	**BPD**	:	**Pulse**	: 87	**Height**	: 88 cm	**Weight**	: 11 kg
BMI	: 14.20455 bpm	**Respiratory**	: 20 bpm	**SpO2**	: 97%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RIS OF FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
20-Nov-2024	AHSAN HUSSAIN	J21.9	Acute bronchiolitis, unspecified	
20-Nov-2024	AHSAN HUSSAIN	R05	Cough	
20-Nov-2024	AHSAN HUSSAIN	R06.7	Sneezing	
20-Nov-2024	AHSAN HUSSAIN	R09.81	Nasal congestion	
20-Nov-2024	AHSAN HUSSAIN	R50.9	Fever, unspecified	
20-Nov-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
06:54:56	07:14:56	0188-135906-2441	PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION	NA	NA	
06:54:56	07:14:56	94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)	NA	NA	
00:00:00	00:00:00	9	GP Consultation	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
PULMICORT / (BUDESONIDE : 0.25 MG/ML) SUSPENSION FOR NEBULIZATION BUDESONIDE [0.25 MG/ML] / SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT) / Solution	Take 1Solution 2 Time(s) per Day For 7 Day(s) others	7	14	
MUCUM / (AMBROXOL : 15 MG/5ML) SYRUP (SUGAR FREE) AMBROXOL [15 MG/5ML] / SYRUP (SUGAR FREE) (100ML, GLASS BOTTLE) / Tablets	Take 5 ML Syrup 2 Time(s) per Day For 7 Day(s) others	7	1	
OTRIVIN (PAEDIATRIC) / (XYLOMETAZOLINE HYDROCHLORIDE : 0.05%) NASAL DROPS XYLOMETAZOLINE HYDROCHLORIDE [0.05%] / NASAL DROPS (10ML, BOTTLE) / Tablets	Take 2Drops 2 Time(s) per Day For 5 Day(s) others	5	1	
ZIMAX / (AZITHROMYCIN : 200 MG/5ML) POWDER FOR SUSPENSION AZITHROMYCIN [200 MG/5ML] / POWDER FOR SUSPENSION (15ML, GLASS BOTTLE) / Tablets	Take 5 ML 1 Time(s) per Day For 5 Day(s) after meal	5	1	
ADOL / (PARACETAMOL : 120 MG/5ML) SYRUP PARACETAMOL [120 MG/5ML] / SYRUP (60ML , BOTTLE) / Tablets	Take 5ML 3 Time(s) per Day For 5 Day(s) after meal	5	1	
SINGULAIR PAEDIATRIC / (MONTELUKAST : 4 MG) CHEWABLE TABLETS MONTELUKAST [4 MG] / CHEWABLE TABLETS (28S, BLISTER PACK) / Tablets	Take 1Tablets 1Time(s) perDay For 14 Day(s) after meal	14	14	

Doctor Signature & Stamp :