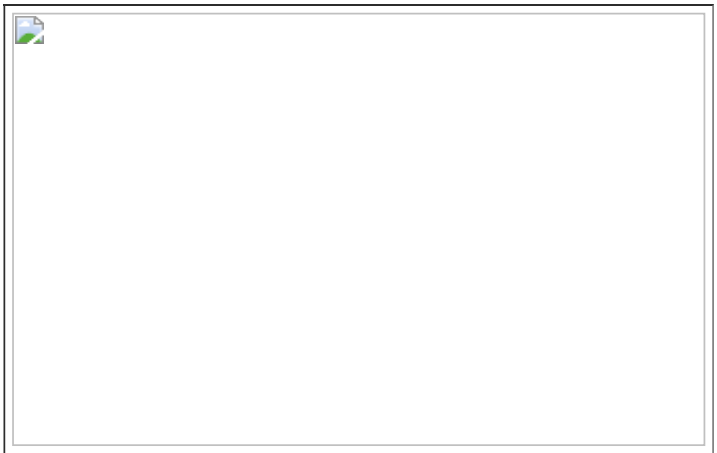
Patient details

Date	:	20-Nov-2024 / 8:15AM - 8:30AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44957 / LARA EL DEBUCH
Mobile #	:	0504093821
Gender / DOB/Age	:	Female / 26-Jul-1990
Nationality	:	Italian
Insurance / Card#	:	AXA / 13/XC/36001/0/78/E/0
EMID #	:	784-1990-2850710-3



Medical Record details

Complaints

Complaints

pc: runny nose 19/11/2024

letthargic 19/11/2024

fever 19/11/2024

flu 1 day

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	: 36.8	**BPS**	: 70	**BPD**	:	**Pulse**	: 86	**Height**	: 172 cm	**Weight**	: 87 kg
BMI	: 29.40779 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: risk of fall										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
20-Nov-2024	AHSAN HUSSAIN	M62.830	Muscle spasm of back	

Date	Doctor	ICD Code	Diagnosis	Notes
20-Nov-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without esophagitis	
20-Nov-2024	AHSAN HUSSAIN	J30.9	Allergic rhinitis, unspecified	
20-Nov-2024	AHSAN HUSSAIN	J20.9	Acute bronchitis, 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
08:32:50	08:37:50	96372	Therapeutic prophylactic or diagnostic injection (specify substance or drug) subcutaneous or intramu	NA	NA	
08:32:50	08:37:50	0005-111805-1021	CHLOROHISTOL 10MG	NA	NA	im stat
00:00:00	00:00:00	9	GP Consultation	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
XYLOLIN ADULT NASAL SPRAY / (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) LIQUID FOR SPRAY (NASAL) XYLOMETAZOLINE HYDROCHLORIDE [0.1%] / LIQUID FOR SPRAY (NASAL) (10ML, SPRAY BOTTLE) / Spray	Take 1Spray 2 Time(s) per Day For 7 Day(s) after meal	7	1	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2 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 DIPHENHYDRAMINE/PARACETAMOL/PSEUDOEPHEDRINE [25 MG|500 MG|30 MG] / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
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 5 Day(s) evening	5	5	

Doctor Signature & Stamp :