



Patient details

Date	:	20-Nov-2024 / 1:45PM - 2:00PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	44963 / YAKUB KHAN PIROJ KHAN
Mobile #	:	0501575862
Gender / DOB/Age	:	Male / 15-Jul- 1986
Nationality	:	Indian
Insurance / Card#	:	NAS - SRN WN / G2E2-GEE2-C2CE- 1CDE
EMID #	:	784-1986- 3310390-2



Photo
Not
Available

Medical Record details

Complaints

Complaints

co ear pain fever running nose dry cough 16th nov. 2024

oe chest is congested no added sounds

restless

Vital Signs

Temperature : 36 BPS : 70 BPD : Pulse : 86 Height : 162 cm Weight : 63 kg
BMI : 24.00549 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	Humaira	K29.00	Acute gastritis without bleeding	
20-Nov-2024	Humaira	R50.9	Fever, unspecified	
20-Nov-2024	Humaira	R05	Cough	
20-Nov-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
20-Nov-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
02:35:00	03:15:00	0195-107704-0801	CEFTRIAXONE-TABUK IV	NA	NA	iv infusion
14:26:43	02:35:00	0005-149902-1021	CLOFEN	NA	NA	im
02:35:00	03:15:00	96365	Iv Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr	NA	NA	

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
14:26:43	02:35:00	96372	Therapeutic Prophylactic/Dx Injection Subq/Im	NA	NA	
00:00:00	00:00:00	0188-135906-2441	PULMICORT	NA	NA	
00:00:00	00:00:00	94640	Pressurized/Nonpressurized Inhalation Treatment	NA	NA	
00:00:00	00:00:00	9	Consultation Gp	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE ORAL / SYRUP (SUGAR FREE (120ML, BOTTLE / Syrup	Take 10ML 3 Time(s) per Day For 7 Day(s) others	1	1	
GERDIL 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES ORAL / DELAYED RELEASE CAPSULES (30S, CONTAINER / Capsule	Take 1Capsule 2Time(s) perDay 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	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG 875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablet at night	5	5	

Doctor Signature & Stamp :


