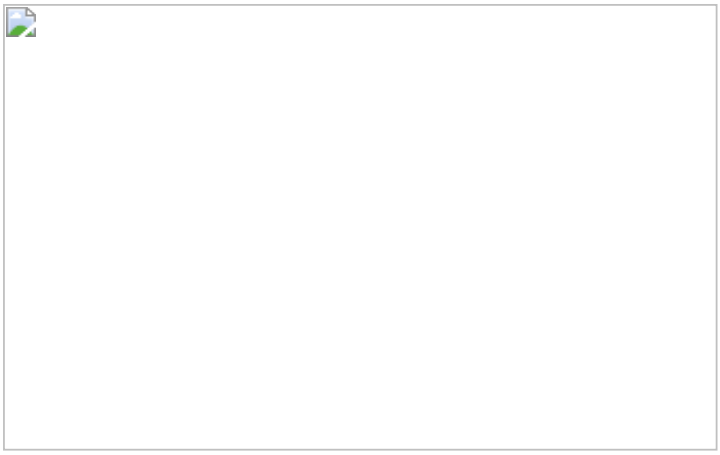
Patient details

Date	:	20-Nov-2024 / 6:15PM - 6:30PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	39079 / FAKHAR RAHIM ABBASI ABDUL RAHIM ABBASI
Mobile #	:	0562346008
Gender / DOB/Age	:	Male / 01-Jan-1980
Nationality	:	Pakistani
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-118557762-01
EMID #	:	784-1980-7907294-2



Medical Record details

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	: 36.4	**BPS**	: 80	**BPD**	:	**Pulse**	: 84	**Height**	: 168 cm	**Weight**	: 57.6 kg
BMI	: 20.40816 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
20-Nov-2024	Enomen Goodluck	R50.9	Fever, unspecified	
20-Nov-2024	Enomen Goodluck	R05	Cough	
20-Nov-2024	Enomen Goodluck	J20.9	Acute bronchitis, unspecified	

Date	Doctor	ICD Code	Diagnosis	Notes
20-Nov-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MACROMAX 500 / (AZITHROMYCIN : 500 MG) FILM COATED TABLETS AZITHROMYCIN [500 MG] / FILM COATED TABLETS (3S, BLISTER) / Tablets	Take 1Tablets 1Time(s) perDay For 5 Day(s) after meal	5	5	
GUPISONE 5MG / (PREDNISOLONE : 5 MG TABLETS ORAL / TABLETS (40S, BLISTER / ML	Take 2ML 1 Time(s) per Day For 7 Day(s) after meal	7	14	
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 (120ML, BOTTLE) / ML	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal	7	1	
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	
DICLOPID / (DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS DICLOFENAC POTASSIUM [50 MG] / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal	10	20	
FLUTAB SINUS / (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE HCL : 30 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day 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.