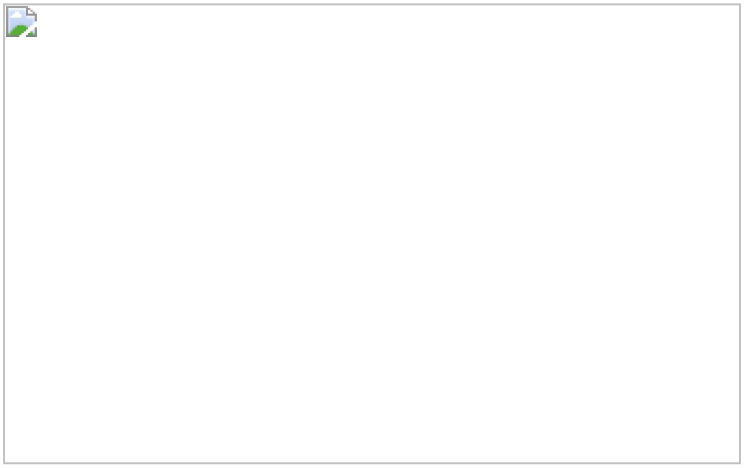
Patient details

Date	:	20-Nov-2024 / 8:00PM - 8:15PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	44966 / WENDY ANN NICOMEDEZ VINLUAN
Mobile #	:	0551920395
Gender / DOB/Age	:	Female / 19-Dec-1995
Nationality	:	Philippine
Insurance / Card#	:	NEXTCARE -OP PCP / 79D5-68A4-3117-A44E
EMID #	:	784-1995-2951868-2



Medical Record details

Complaints

Complaints

PC: Distressing cough, throat pain, headache, fever and generalized body pains.

Duration: 3days (17/11/2024).

Developed rashes on the anterior upper chest this morning.

There is no neck pain, no neck stiffness, no photophobia and no phonophobia.

Exam: Maculopapular rashes on the anterior chest

Chest: brochial breath sounds.

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	: 37.6	**BPS**	: 86	**BPD**	:	**Pulse**	: 96	**Height**	: 145 cm	**Weight**	: 49 kg
BMI	: 23.30559 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

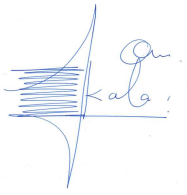
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
20-Nov-2024	Enomen Goodluck	N39.0	Urinary tract infection, site not specified	
20-Nov-2024	Enomen Goodluck	R03.0	Elevated blood-pressure reading, w/o diagnosis of htn	
20-Nov-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
20-Nov-2024	Enomen Goodluck	R50.9	Fever, unspecified	
20-Nov-2024	Enomen Goodluck	J03.90	Acute tonsillitis, unspecified	
20-Nov-2024	Enomen Goodluck	J20.9	Acute bronchitis, 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) after meal	10	10	
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP BUTAMIRATE DIHYDROGEN CITRATE [0.15% W/V] / SYRUP (200ML, BOTTLE) / ML	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	7	1	
ZINOXIMOR / (CEFUROXIME : 500 MG) FILM COATED TABLETS CEFUROXIME [500 MG] / FILM COATED TABLETS (14S, STRIP) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
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.