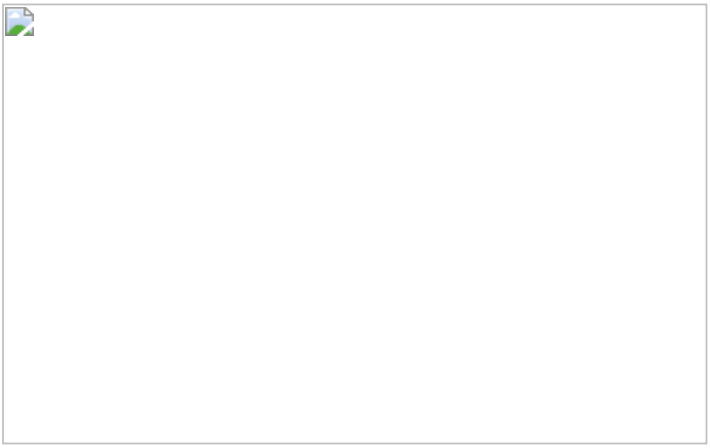
Patient details

Date	:	22-Nov-2024 / 1:00AM - 1:15AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44978 / SARTHAK RAKESH KUMAR
Mobile #	:	0555280563
Gender / DOB/Age	:	Male / 09-Jul-2000
Nationality	:	Indian
Insurance / Card#	:	NAS VN / IE1J-IJ12-C2CE-ICDE
EMID #	:	784-2000-2748954-9



Medical Record details

Complaints

Complaints

pc: flu 21/11/2024

fever

cough

Allergies

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

Vital Signs

Temperature : 36.2 **BPS** : 70 **BPD** : **Pulse** : 76 **Height** : 173 cm **Weight** : 79 kg

BMI : 26.3958 bpm **Respiratory** : 16 bpm **SpO2** : 97% **Hip** : cm **Waist** : cm

Head Circumference : cm

Urinalysis (Protein & Glucose) :

Notes : risk of fall

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
22-Nov-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without esophagitis	
22-Nov-2024	AHSAN HUSSAIN	J20.9	Acute bronchitis, unspecified	
22-Nov-2024	AHSAN HUSSAIN	R05	Cough	
22-Nov-2024	AHSAN HUSSAIN	J00	Acute nasopharyngitis [common cold]	

Date	Doctor	ICD Code	Diagnosis	Notes
22-Nov-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
06:41:25	06:56:25	94640	Pressurized/Nonpressurized Inhalation Treatment	NA	NA	
06:41:25	07:56:25	96365	Iv Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr	NA	NA	
06:41:25	06:56:25	0188-135906-2441	PULMICORT	NA	NA	
06:41:25	07:56:25	0005-174202-0781	RISEK 40MG	NA	NA	iv slow
06:41:25	06:46:25	0125-122107-1022	DEXAMETHASONE SODIUM PHOSPHATE	NA	NA	im stat
06:41:25	07:56:25	2190-106618-1001	PARAFUSIV I.V. 10MG/ML	NA	NA	
06:41:25	07:56:25	0195-107704-0801	CEFTRIAXONE-TABUK IV	NA	NA	iv slow
00:00:00	00:00:00	9	Consultation Gp	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V SYRUP ORAL / SYRUP (200ML, BOTTLE / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	1	
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	
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	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	

Doctor Signature & Stamp :