



## Patient details

|                            |   |                                      |
|----------------------------|---|--------------------------------------|
| Date                       | : | 22-Nov-2024 /<br>12:45PM -<br>1:00PM |
| Doctor                     | : | Humaira(General)                     |
| Reg # /<br>Patient<br>Name | : | 38135 / SAMUEL<br>KELVIN BONDZIE     |
| Mobile #                   | : | 0523858512                           |
| Gender /<br>DOB/Age        | : | Male / 20-Jan-<br>1990               |
| Nationality                | : | Ghanaian                             |
| Insurance<br>/ Card#       | : | NAS VN / MLLM-<br>NRLM-VMVP-<br>6VAE |
| EMID #                     | : | 784-1990-<br>1084798-8               |



Photo  
Not  
Available

## Medical Record details

**Complaints**

## Complaints

co back pain headache 19th nov. 2024

oe chest is clear no added sounds

restless

advise rest for 2 days

**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 : 36.7 BPS : 80 BPD : Pulse : 74 Height : 189 cm Weight : 107 kg

BMI : 29.95437 bpm Respiratory : 18 bpm SpO2 : 98% Hip : cm Waist : cm

Head Circumference : cm

Urinalysis (Protein & Glucose) :

Notes : RISK FOR FALL

**Diagnosis**

| Date        | Doctor  | ICD Code | Diagnosis                                                  | Notes |
|-------------|---------|----------|------------------------------------------------------------|-------|
| 22-Nov-2024 | Humaira | G43.019  | Migraine w/o aura, intractable, without status migrainosus |       |
| 22-Nov-2024 | Humaira | R52      | Pain, unspecified                                          |       |
| 22-Nov-2024 | Humaira | M62.830  | Muscle spasm of back                                       |       |

**Prescription**

| Generic/Dose/Form                                                                                                                      | Instructions                                            | Duration | Quantity | Refill |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------|----------|--------|
| VOLTAREN EMULGEL 12 HOURS / (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL DICLOFENAC DIETHYLAMINE [23.2 MG / G] / GEL (100G, TUBE) / Gel | Take 1Gel 1Time(s) perDay<br>For 1 Day(s) others        | 1        | 1        |        |
| MYDOCALM / (TOLPERISONE : 150 MG) SUGAR COATED TABLETS<br>TOLPERISONE [150 MG] / SUGAR COATED TABLETS (30S, BLISTER PACK) / Tablets    | Take 1Tablets 2 Time(s) per<br>Day For 5 Day(s) others  | 5        | 10       |        |
| BRUFEN 600 / (IBUPROFEN : 600 MG) FILM COATED TABLETS IBUPROFEN<br>[600 MG] / FILM COATED TABLETS (30S, BLISTER PACK) / Tablets        | Take 1Tablets 2 Time(s) per<br>Day For 5 Day(s) others  | 5        | 10       |        |
| IMIGRAN 100MG / (SUMATRIPTAN : 100 MG) TABLETS SUMATRIPTAN<br>[100 MG] / TABLETS (6S, BLISTER PACK) / Tablets                          | Take 1Tablets 1 Time(s) per<br>Day For 5 Day(s) evening | 5        | 5        |        |

Doctor Signature &amp; Stamp :


