Patient details

Date	:	22-Nov-2024 / 8:45PM - 9:00PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	37804 / DAYANANDA BAJAKKAREMOOLE SUBBAPURUSHA
Mobile #	:	505882976
Gender / DOB/Age	:	Male / 28-Feb-1965
Nationality	:	Indian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-115298155-01
EMID #	:	784-1965-4360524-8

Photo Not Available

Medical Record details

Complaints

Complaints

co fever on and off vomitting diarrhea 19th nov . 2024

oe chest is clear no added sounds

restless

A known diabetic and hyperlipidemic patient. Has a previous history of TIA/stroke for which he is on regular aspirin. Has a previous history of TIA/stroke for which he is on regular aspirin.

Vital Signs

Temperature	: 36.2	**BPS**	: 90	**BPD**	:	**Pulse**	: 76	**Height**	: 168 cm	**Weight**	: 74.4 kg
BMI	: 26.36054 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	Humaira	R11.10	Vomiting, unspecified	
22-Nov-2024	Humaira	R50.9	Fever, unspecified	
22-Nov-2024	Humaira	A09	Infectious gastroenteritis and colitis, unspecified	

Treatments

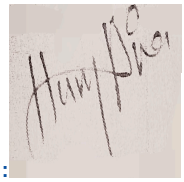
Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	9	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or familys	NA	NA	

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
			needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.			
09:14:00	09:19:00	0005-150403-1021	PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION	NA	NA	iv push
21:14:05	09:35:05	0148-116601-1001	(METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION	NA	NA	iv infusion
09:14:00	09:35:00	96365	Administered intravenously	NA	NA	
09:14:00	09:19:00	96372	Intramuscular injection	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
PRIMPERAN / (METOCLOPRAMIDE : 10 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablet as per need	3	6	
ENTEROGERMINA / (SPORE OF BACILLUS CLAUSI : 2 BILLION) CAPSULES (HARD GELATIN) SPORE OF BACILLUS CLAUSI [2 BILLION] / CAPSULES (HARD GELATIN) (12S, BLISTER) / Capsule	Take 1Capsule 3 Time(s) per Day For 7 Day(s) others	7	21	
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	
NEOGYL / (METRONIDAZOLE : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
CEFIX / (CEFIXIME : 400 MG CAPSULES (HARD GELATIN ORAL / CAPSULES (HARD GELATIN (6S, BLISTER PACK / Capsule	Take 1Capsule 1Time(s) perDay For 7 Day(s) others	7	7	

Doctor Signature & Stamp :



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
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