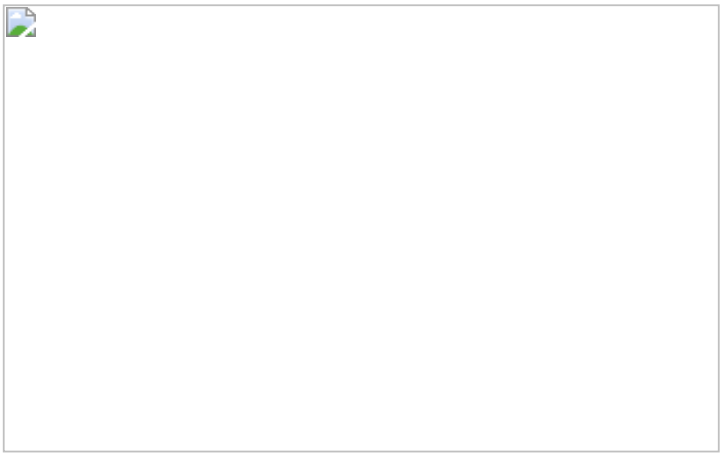
Patient details

Date	:	23-Nov-2024 / 1:45AM - 2:00AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44584 / SADIA BUTT TARIQ NAZIR BUTT
Mobile #	:	0528947616
Gender / DOB/Age	:	Female / 15-Dec-1999
Nationality	:	Pakistani
Insurance / Card#	:	NAS VN / GAA1-11E2-C2CF-2CDE
EMID #	:	784-1999-7681397-4



Medical Record details

Complaints

Complaints

PC: HISTORY OF FALL IN WASHROOM AROUND 30 MINUTES BACK 23/11/2024

SEVERE PAIN AT BACK OF LEFT HIP JOINT

EXAMINATION

SHE CANT WAL FEW STEPS BARELY

CANT PUT WEIGHT ON LEFT HIP AND LEFT FEET

PAIN RADIATE TOWARDS LEFT LEG

Vital Signs

Temperature	: 36.6	**BPS**	: 70	**BPD**	:	**Pulse**	: 76	**Height**	: 150 cm	**Weight**	: 49 kg
BMI	: 21.77778 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 97%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK OF FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
23-Nov-2024	AHSAN HUSSAIN	M62.830	Muscle spasm of back	
23-Nov-2024	AHSAN HUSSAIN	M25.552	Pain in left hip	
23-Nov-2024	AHSAN HUSSAIN	M79.605	Pain in left leg	
23-Nov-2024	AHSAN HUSSAIN	M54.32	Sciatica, left side	
23-Nov-2024	AHSAN HUSSAIN	S74.02XA	Injury of sciatic nrv at hip and thigh level, left leg, init	
23-Nov-2024	AHSAN HUSSAIN	S70.212A	Abrasion, left hip, initial encounter	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
07:52:51	07:57:51	0005-149902-1021	CLOFEN	NA	NA	IM STAT
07:52:51	09:00:51	2190-106618-1001	PARAFUSIV I.V. 10MG/ML	NA	NA	iv infusion
00:00:00	00:00:00	9	Consultation Gp	NA	NA	
07:52:51	09:00:51	96365	Iv Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MYDOCALM / (TOLPERISONE : 150 MG) SUGAR COATED TABLETS TOLPERISONE [150 MG] / SUGAR COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 2Time(s) perDay For 7 Day(s) after meal	7	14	
VOLTAREN EMULGEL 12 HOURS / (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL DICLOFENAC DIETHYLAMINE [23.2 MG / G] / GEL (100G, TUBE) / Cream	Take 1Cream 2 Time(s) per Day For 7 Day(s) after meal	7	1	
BRUFEN 400MG / (IBUPROFEN : 400 MG) FILM COATED TABLETS IBUPROFEN [400 MG] / FILM COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	

Progress Notes

Date	Notes	Visit Plan	Other Instructions	Made By	Date Recorded
23-Nov-2024	BED REST FOR 2 DAYS			AHSAN HUSSAIN	23-Nov-2024 02:23:03

Doctor Signature & Stamp :