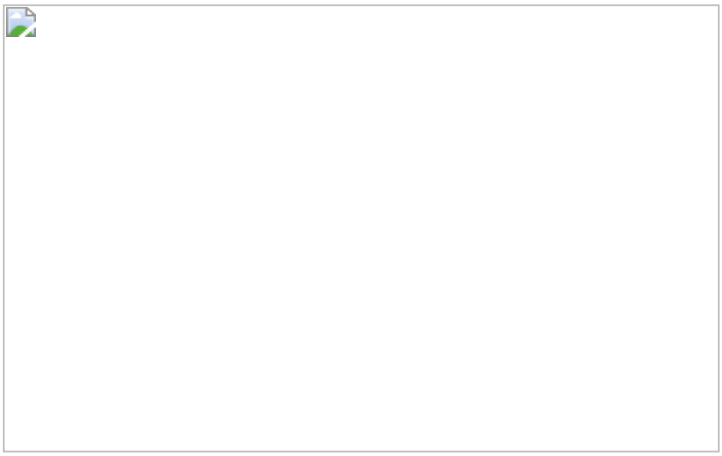
Patient details

Date	:	23-Nov-2024 / 11:45AM - 12:15PM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44992 / SUMANTA DAMAI BILASH DAMAI
Mobile #	:	0585818611
Gender / DOB/Age	:	Female / 01-Jan-1998
Nationality	:	Indian
Insurance / Card#	:	FMC Standard Network / I019-010-121177968-01
EMID #	:	784-1998-6155272-9



Medical Record details

Complaints

Complaints

PC: FEVER 21/11/2024

FLU

COUGH

EPIGASRIC PAIN

NAUSEA

Vital Signs

Temperature	: 38	**BPS**	: 60	**BPD**	:	**Pulse**	: 86	**Height**	: 0 cm	**Weight**	: 0 kg
BMI	: NaN 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	E86.0	Dehydration	
23-Nov-2024	AHSAN HUSSAIN	R11.2	Nausea with vomiting, unspecified	
23-Nov-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without esophagitis	
23-Nov-2024	AHSAN HUSSAIN	R50.9	Fever, unspecified	
23-Nov-2024	AHSAN HUSSAIN	J20.9	Acute bronchitis, unspecified	
23-Nov-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
12:54:31	02:09:31	0265-150403-1021	(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION	NA	NA	IV SLOW
02:12:00	02:17:31	0005-136504-1021	SCOPINAL	NA	NA	IV SLOW
00:00:00	00:00:00	94640	AIRWAY INHALATION TREATMENT	NA	NA	
02:12:00	02:17:31	96372	THER/PROPH/DIAG INJ SC/IM	NA	NA	
02:12:00	03:17:31	96360	HYDRATION IV INFUSION INIT	NA	NA	
00:00:00	00:00:00	9	Consultation Gp	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
NEXIUM / (ESOMEPRAZOLE : 20 MG) FILM COATED TABLETS ESOMEPRAZOLE [20 MG] / FILM COATED TABLETS (28S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) before meal	7	7	
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V SYRUP ORAL / SYRUP (200ML, BOTTLE / Syrup	Take 1Syrup 2 Time(s) per Day For 7 Day(s) others	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) others	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) others	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 :