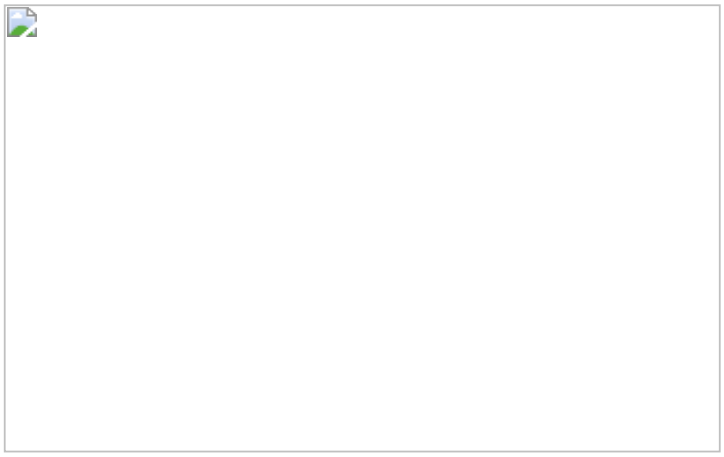
Patient details

Date	:	23-Nov-2024 / 4:00PM - 4:15PM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	32419 / MUHAMMAD NABI FAZAL RABI
Mobile #	:	0564876704
Gender / DOB/Age	:	Male / 01-Jan-1993
Nationality	:	Pakistani
Insurance / Card#	:	NAS VN / 51ML-3NMM-VMVP-NVAE
EMID #	:	784-1993-4657590-7



Medical Record details

Complaints

Complaints

pc: fever 21/11/2024 since 2 days all symptoms he have

flu

cough

vomiting

nausea

Vital Signs

Temperature	: 37.3	**BPS**	: 60	**BPD**	:	**Pulse**	: 86	**Height**	: 0 cm	**Weight**	: 73 kg
BMI	: ∞ bpm	**Respiratory**	: 18 bpm	**SpO2**	: 96%	**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	K29.00	Acute gastritis without bleeding	
23-Nov-2024	AHSAN HUSSAIN	R11.2	Nausea with vomiting, 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
04:13:00	04:50:00	0195-107704-0801	CEFTRIAXONE-TABUK IV	NA	NA	IV SLOW
05:00:00	05:45:00	2190-106618-1001	PARAFUSIV I.V. 10MG/ML	NA	NA	IV SLOW
04:50:00	05:00:00	0005-174202-0781	RISEK 40MG	NA	NA	IV SLOW push
00:00:00	00:00:00	0188-135906-2441	PULMICORT	NA	NA	
00:00:00	00:00:00	94640	Pressurized/Nonpressurized Inhalation Treatment	NA	NA	
16:10:37	04:13:00	0125-122107-1022	DEXAMETHASONE SODIUM PHOSPHATE	NA	NA	IM STAT
04:13:00	04:50:00	96365	Iv Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr	NA	NA	
00:00:00	00:00:00	85025	Blood Count Complete Auto&Auto Difrntl Wbc Count	NA	NA	
00:00:00	00:00:00	86140	C-Reactive Protein	NA	NA	
00:00:00	00:00:00	9	Consultation Gp	NA	NA	
05:00:00	05:45:00	0131-116601-1001	Metronidazole [Concentrate For Infusion - 5mg/ml - 100.00 Liquids Bottle (x1)]	NA	NA	
04:50:00	05:00:00	96375	Therapeutic Injection Iv Push Each New Drug	NA	NA	
05:00:00	05:45:00	96368	Iv Nfs Therapy Prophylaxis/Dx Concurrent Nfs	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN ORAL / CAPSULES (HARD GELATIN (14S, BLISTER / Tablets	Take 1Tablets 1Time(s) perDay For 7 Day(s) before meal	7	7	
PREMOSAN / (METOCLOPRAMIDE : 10 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
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) after meal	7	1	
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	
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	
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 5 Day(s) others	5	5	

Doctor Signature & Stamp :