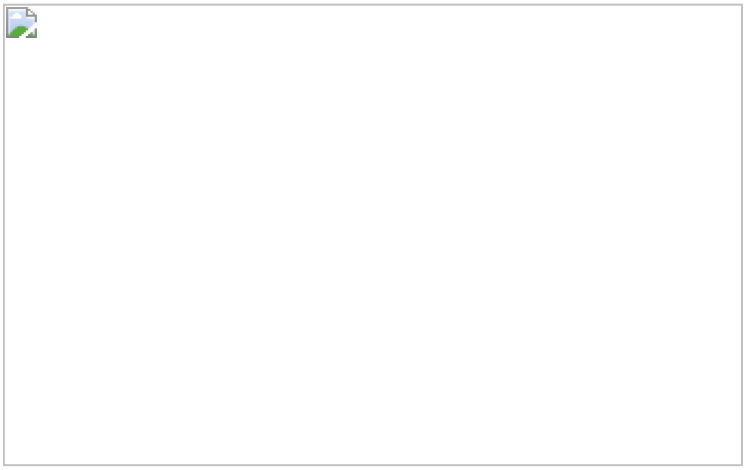
Patient details

Date	:	19-Oct-2024 / 10:15AM - 10:30AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	43127 / MEHDI TAZOUTI
Mobile #	:	+212678613731
Gender / DOB/Age	:	Male / 16-Sep-1999
Nationality	:	Moroccan
Insurance / Card#	:	FMC Standard Network / I019-010-120692323-01
EMID #	:	784-1999-1045903-3



Medical Record details

Complaints

Complaints

PC: COUGH

FEVER

SORETHROAT

LOW BACK PAIN

HEADACHE

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	: 36.5	**BPS**	: 70	**BPD**	:	**Pulse**	: 58	**Height**	: 176 cm	**Weight**	: 76 kg
BMI	: 24.53512 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 100%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
19-Oct-2024	AHSAN HUSSAIN	M54.5	Low back pain	
19-Oct-2024	AHSAN HUSSAIN	J30.9	Allergic rhinitis, unspecified	
19-Oct-2024	AHSAN HUSSAIN	R05	Cough	
19-Oct-2024	AHSAN HUSSAIN	J00	Acute nasopharyngitis [common cold]	
19-Oct-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1 Unit(s), 2 Time(s) per Day For 7 Day(s)	7	14	
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 5 Day(s) others	5	10	
STOPKOF (ALCOHOL FREE) / (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE) AMMONIUM CHLORIDE/DIPHENHYDRAMINE HCL [131.5 MG/5 ML|13.5 MG/5ML] / SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE) / Syrup	Take 1Syrup 2 Time(s) per Day For 7 Day(s) others	7	1	
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 :