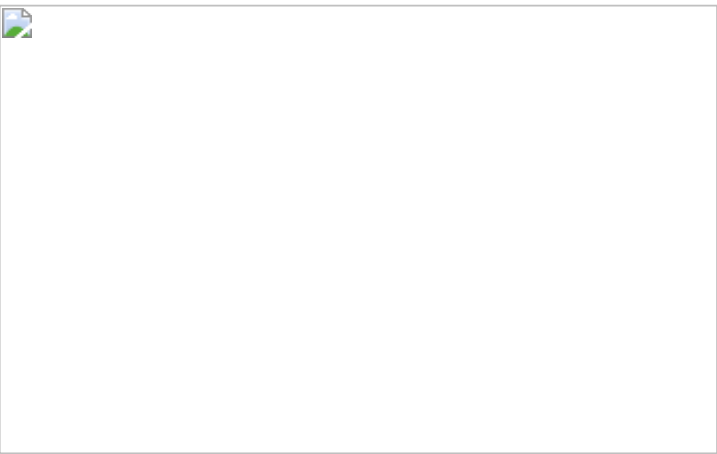




## Patient details

|                      |   |                                        |                                                                                    |                                                                                     |
|----------------------|---|----------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Date                 | : | 24-Nov-2024 / 3:45PM - 4:00PM          |  |  |
| Doctor               | : | Humaira(General)                       |                                                                                    |                                                                                     |
| Reg # / Patient Name | : | 45003 / Mary Jane Martelino            |                                                                                    |                                                                                     |
| Mobile #             | : | 0506441759                             |                                                                                    |                                                                                     |
| Gender / DOB/Age     | : | Female / 24-Dec-1992                   |                                                                                    |                                                                                     |
| Nationality          | : | Philippine                             |                                                                                    |                                                                                     |
| Insurance / Card#    | : | NEXTCARE -OP PCP / A729-A36D-3B97-2773 |                                                                                    |                                                                                     |
| EMID #               | : | 784-1992-7069328-8                     |                                                                                    |                                                                                     |

## Medical Record details

Complaints

## Complaints

co hit from the bike leg bruse and breast bruse 24th nov. 2024

oe chest is clear no added sounds

restless

Vital Signs

Temperature : 36.5      BPS : 60      BPD :      Pulse : 86      Height : 149 cm      Weight : 57 kg  
BMI : 25.67452 bpm      Respiratory : 18 bpm      SpO2 : 98%      Hip : cm      Waist : cm  
Head Circumference : cm  
Urinalysis (Protein & Glucose) :  
Notes : risk of fall

Diagnosis

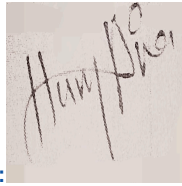
| Date        | Doctor  | ICD Code | Diagnosis                                      | Notes |
|-------------|---------|----------|------------------------------------------------|-------|
| 24-Nov-2024 | Humaira | M62.838  | Other muscle spasm                             |       |
| 24-Nov-2024 | Humaira | R52      | Pain, unspecified                              |       |
| 24-Nov-2024 | Humaira | S80.12XA | Contusion of left lower leg, initial encounter |       |

Prescription

| Generic/Dose/Form                                                                                                                      | Instructions                                        | Duration | Quantity | Refill |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------|----------|--------|
| VOLTAREN EMULGEL 12 HOURS / (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL DICLOFENAC DIETHYLAMINE [23.2 MG / G] / GEL (100G, TUBE) / Gel | Take 1Gel 1Time(s) perDay For 1 Day(s) others       | 1        | 1        |        |
| BRUFEN 600 / (IBUPROFEN : 600 MG) FILM COATED TABLETS IBUPROFEN [600 MG] / FILM COATED TABLETS (30S, BLISTER PACK) / Tablets           | Take 1Tablets 2 Time(s) per Day For 5 Day(s) others | 5        | 10       |        |

| Generic/Dose/Form                                                                                                                      | Instructions                                           | Duration | Quantity | Refill |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------|----------|--------|
| MYDOCALM / (TOLPERISONE : 150 MG) SUGAR COATED TABLETS<br>TOLPERISONE [150 MG] / SUGAR COATED TABLETS (30S, BLISTER PACK) /<br>Tablets | Take 1Tablets 2 Time(s) per<br>Day For 5 Day(s) others | 5        | 10       |        |

Doctor Signature &amp; Stamp :



Dr. Humaira Mumtaz  
General Practitioner  
DHA No: 54155530-002  
CITICARE MEDICAL CENTER LLC  
DUBAI - U.A.E.

