



Patient details

Date	:	24-Nov-2024 / 6:15PM - 6:30PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	45006 / HABEEB MOHAMMED MOHAMMED MAQBOOL
Mobile #	:	0542045155
Gender / DOB/Age	:	Male / 01-Jul-1998
Nationality	:	Indian
Insurance / Card#	:	Mednet EBP / I013-036-120219809-01
EMID #	:	784-1998-9824185-8



Photo
Not
Available

Medical Record details

Complaints

Complaints

co fever on and off dry cough running nose pain in throat 20th nov. 2024

oe chest is congested no added sounds

restless

smoker

Allergies

Allergy Type	Allergy Severity	Allergies	Allergy For	Physical Examination
		No Known Allergies	Unknown	

Vital Signs

Temperature : 36.2 BPS : 90 BPD : Pulse : 76 Height : 172 cm Weight : 91 kg

BMI : 30.75987 bpm Respiratory : 16 bpm SpO2 : 97% 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	K29.00	Acute gastritis without bleeding	
24-Nov-2024	Humaira	R50.9	Fever, unspecified	
24-Nov-2024	Humaira	R05	Cough	
24-Nov-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
24-Nov-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ZEAL SF / (TRIKATU : 2.5 MG/5 ML) (ADHATODA VASICA : 20 MG/5ML) (GLYCYRRHIZA GLABRA : 20 MG/5ML) (ZINGIBER OFFICINALE : 5 MG/5ML) (OCIMUM SANCTUM : 20 MG/5ML) (SOLANUM XANTHOCARPUM : 6.25MG/5ML) (MENTHA SYLVESTRIS : 3 MG/5ML) SYRUP TRIKATU/ADHATODA VASICA/GLYCYRRHIZA GLABRA/ZINGIBER OFFICINALE/OCIMUM SANCTUM/SOLANUM XANTHOCARPUM/MENTHA SYLVESTRIS [2.5 MG/5 ML 20 MG/5ML 20 MG/5ML 5 MG/5ML 20 MG/5ML 6.25MG/5ML 3 MG/5ML] / SYRUP (100ML, PLASTIC BOTTLE) / Syrup	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	1	1	
GERDIL 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES ORAL / DELAYED RELEASE CAPSULES (30S, CONTAINER / Capsule	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others	7	14	
MACROMAX 500 / (AZITHROMYCIN : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (3S, BLISTER / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
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 6 Day(s) others	6	12	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	take 1 tablet at night	5	5	

Doctor Signature & Stamp :


