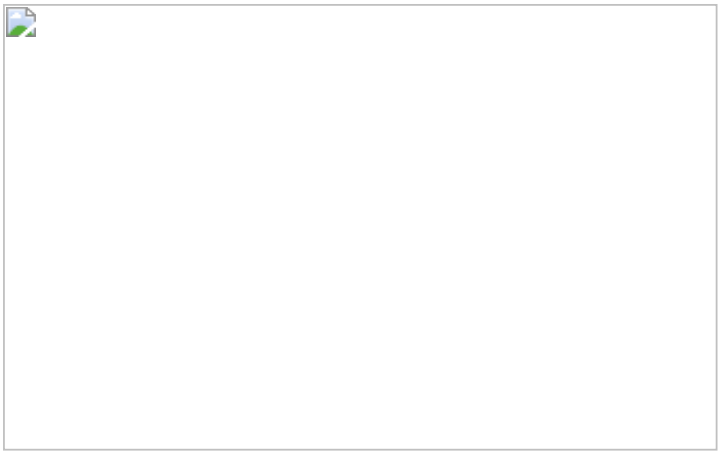
Patient details

Date	:	26-Nov-2024 / 7:30PM - 7:45PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	40340 / M SHAHER HALAL ALRAMMO
Mobile #	:	0529893311
Gender / DOB/Age	:	Male / 04-Sep-1983
Nationality	:	Syrian
Insurance / Card#	:	NAS - RN,RN+ / 1RC1-E1CC-DCD1-EDEA
EMID #	:	784-1983-9503829-6



Medical Record details

Complaints

Complaints

PC: Pain in throat, sneeing and nasal congestion.

There is no fever.

Duration: 2 days.

Not hypertensive and not diabetic.

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**	: 98	**BPD**	:	**Pulse**	: 88	**Height**	: 176 cm	**Weight**	: 91.6 kg
BMI	: 29.57128 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	: cm										
Urinalysis (Protein & Glucose)	:										
Notes	: RISK FOR FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
26-Nov-2024	Enomen Goodluck	R09.81	Nasal congestion	
26-Nov-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
26-Nov-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	9	Consultation Gp	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
LORADAY 10MG / (LORATADINE : 10 MG) TABLETS LORATADINE [10 MG] / TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 10 Day(s) after meal	10	10	
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP BUTAMIRATE DIHYDROGEN CITRATE [0.15% W/V] / SYRUP (200ML, BOTTLE) / ML	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	7	1	
MAXIGESIC / (IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (16S, BLISTER / Tablets	Take 2Tablets 2 Time(s) per Day For 4 Day(s) after meal	4	16	
FLUTAB SINUS / (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE HCL : 30 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal	10	20	
OTRIVIN (ADULT) / (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS XYLOMETAZOLINE HYDROCHLORIDE [0.1%] / NASAL DROPS (10ML, BOTTLE) / Drops	Take 2Drops 3 Time(s) per Day For 5 Day(s) others	5	1	

Doctor Signature & Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.