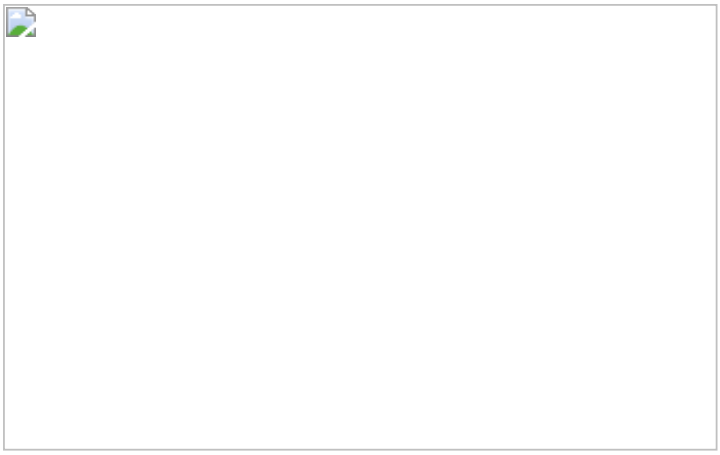
Patient details

Date	:	26-Nov-2024 / 9:15PM - 9:30PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	45031 / NAHLA MOHAMAD ARRAJ
Mobile #	:	0568090678
Gender / DOB/Age	:	Female / 29-Apr-1983
Nationality	:	Lebanese
Insurance / Card#	:	AAFIYA MEDICAL BILLING SERVICES LLC / I034-026-120183035-01
EMID #	:	784-1983-3058453-7



Medical Record details

Complaints

Complaints

PC: Throat pain, fever, genralized body pains, weakness.

Duration: 2days.

Past / Family / Social History

Past History	:	Thyroid Problem
Other Past History	:	THROID PBLM
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	: 36.8	**BPS**	: 70	**BPD**	:	**Pulse**	: 78	**Height**	: 173 cm	**Weight**	: 107 kg
BMI	: 35.75128 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: RISK FOR FALL										

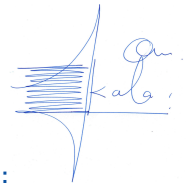
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
26-Nov-2024	Enomen Goodluck	M54.5	Low back pain	
26-Nov-2024	Enomen Goodluck	R50.9	Fever, unspecified	
26-Nov-2024	Enomen Goodluck	J01.10	Acute frontal sinusitis, unspecified	
26-Nov-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
26-Nov-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
AMYDRAMINE EXPECTORANT / (SODIUM CITRATE : 57 MG/5ML (AMMONIUM CHLORIDE : 131.5 MG/5 ML (MENTHOL : 1.1 MG/5 ML (DIPHENHYDRAMINE : 13.5 MG/5ML SYRUP ORAL / SYRUP (120ML, BOTTLE / ML	Take 10ML 2 Time(s) per Day For 7 Day(s) others	7	1	
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	
MYDOCALM / (TOLPERISONE : 150 MG) SUGAR COATED TABLETS TOLPERISONE [150 MG] / SUGAR COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 15 Day(s) after meal	15	30	
IBULIFE 400 / (IBUPROFEN : 400 MG TABLETS ORAL / TABLETS (24S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 4 Day(s) after meal	4	8	
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 10 Day(s) others	10	10	

Doctor Signature & Stamp :



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