

**Patient details**

Date	:	27-Nov-2024 / 12:15AM - 12:30AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44669 / AMR AHMED MOHAMMED GHONEIM
Mobile #	:	0589211692
Gender / DOB/Age	:	Male / 01-Jul-1992
Nationality	:	Egyptian
Insurance / Card#	:	NEXTCARE -RN / ED77-C156-4D52- A693
EMID #	:	784-1992-4937812-8

**Medical Record details****Complaints****Complaints**

co fever on and off dry cugh nasal blockage 22nd oct 2024

oe

enlarge and inflamed tonsills

chest is congested no added sounds

restless

smoker allergy to dexamathasone

Allergies

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

Vital Signs

Temperature	: 37.2	BPS	: 70	BPD	:	Pulse	: 76	Height	: 179 cm	Weig
BMI	: 39.32462 bpm	Respiratory	: 18 bpm	SpO2	: 97%	Hip	: cm	Waist	: cm	
Head Circumference	:		cm							

Urinalysis (Protein & Glucose) :**Notes :** RISK OF FALL**Diagnosis**

Date	Doctor	ICD Code	Diagnosis
27-Nov-2024	AHSAN HUSSAIN	M62.830	Muscle spasm of back
27-Nov-2024	AHSAN HUSSAIN	E86.0	Dehydration
27-Nov-2024	AHSAN HUSSAIN	M54.5	Low back pain
27-Nov-2024	AHSAN HUSSAIN	K29.00	Acute gastritis without bleeding
27-Nov-2024	AHSAN HUSSAIN	R50.9	Fever, unspecified
27-Nov-2024	AHSAN HUSSAIN	R05	Cough
27-Nov-2024	AHSAN HUSSAIN	J30.9	Allergic rhinitis, unspecified
27-Nov-2024	AHSAN HUSSAIN	J03.90	Acute tonsillitis, unspecified

Prescription

Generic/Dose/Form	Instructions	Duration	Qty
MYDOCALM / (TOLPERISONE : 150 MG) SUGAR COATED TABLETS TOLPERISONE [150 MG] / SUGAR COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) evening	7	7
DANZEN / (SERRATIOPEPTIDASE : 5 MG) ENTERIC COATED TABLETS SERRATIOPEPTIDASE [5 MG] / ENTERIC COATED TABLETS (20S, BOTTLE) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal	5	10
FLUTAB / (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS DIPHENHYDRAMINE/ PARACETAMOL/PSEUDOEPHEDRINE [25 MG 500 MG 30 MG] / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG 875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14
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 5 Day(s) others	5	5

Doctor Signature & Stamp :