Patient details

Date	:	28-Nov-2024 / 2:45AM - 3:00AM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	12872 / ISMAIL HUSSAIN
Mobile #	:	0527204222
Gender / DOB/Age	:	Male / 01-Jan-2022
Nationality	:	Emirati
Insurance / Card#	:	NEXTCARE CLAIMS MANAGEMENT LLC / 5776-C623-6997-89E8
EMID #	:	784-1985-8071537-7

Medical Record details

Complaints

Complaints

co fever on and off dry cough pain in throat 25th nov. 2024

oe chest is congested no added sounds

restless

smoker

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	**BPS**	: 80	**BPD**	:	**Pulse**	: 86	**Height**	: 167 cm	**Weight**	: 115 kg
BMI	: 41.23489 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	Notes
28-Nov-2024	Humaira	K29.00	Acute gastritis without bleeding	
28-Nov-2024	Humaira	R50.9	Fever, unspecified	
28-Nov-2024	Humaira	R05	Cough	
28-Nov-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
28-Nov-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

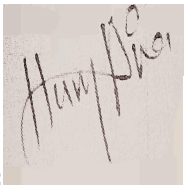
Treatments

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

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE ORAL / SYRUP (SUGAR FREE (120ML, BOTTLE / Syrup	Take 10ML 3 Time(s) per Day For 7 Day(s) others	1	1	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG|500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1Tablet as per need	6	12	
HENACYL 500MG / (AZITHROMYCIN : 500 MG) FILM COATED TABLETS AZITHROMYCIN [500 MG] / FILM COATED TABLETS (6S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others	5	5	
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 3 Day(s) others	3	3	

Doctor Signature & Stamp :



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