



Patient details

Date	:	28-Nov-2024 / 8:00PM - 8:15PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	34280 / Ayoub Ouatine
Mobile #	:	0522843738
Gender / DOB/Age	:	Male / 17-Sep-1986
Nationality	:	Moroccan
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-114321280-01
EMID #	:	784-1986-2761408-8



Photo
Not
Available

Medical Record details

Complaints

PC: Generalized body pain, pain in throat, nasal congestion and fever. Duration: 2days (27/11/2024). weakness.
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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	: 36.2	BPS	: 90	BPD	:	Pulse	: 84	Height	: 168 cm	Weight	: 66.2 kg
BMI	: 23.45521 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
28-Nov-2024	Enomen Goodluck	R51.9	Headache, unspecified	
28-Nov-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
28-Nov-2024	Enomen Goodluck	J01.40	Acute pansinusitis, unspecified	
28-Nov-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

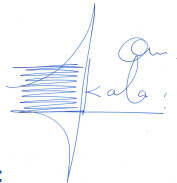
Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	9	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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	
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	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1Time(s) perDay For 10 Day(s) after meal	10	10	

Doctor Signature & Stamp :



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

