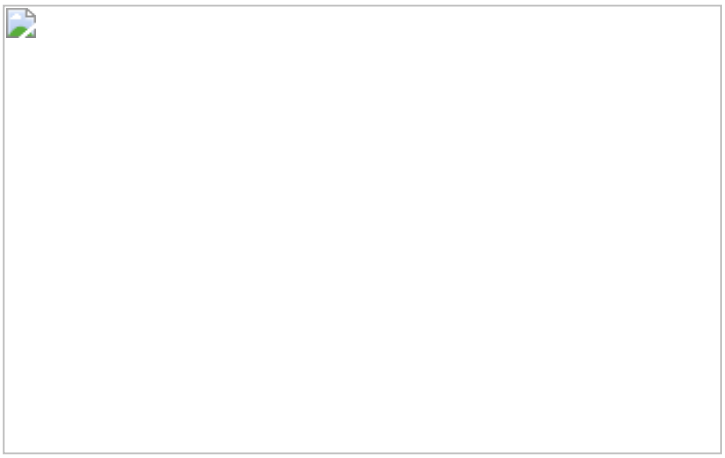
Patient details

Date	:	29-Nov-2024 / 12:15PM - 12:30PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	40122 / KAILASH DAGDE DEVANNA DAGDE
Mobile #	:	0556708489
Gender / DOB/Age	:	Male / 06-Jul-1998
Nationality	:	Indian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-115399051-01
EMID #	:	784-1998-6532904-1



Medical Record details

Complaints

Complaints

co fever on and off drycough running nose 26th nov. 2024

oe chest is congested no added sounds

restless

Vital Signs

Temperature	: 36.2	**BPS**	: 60	**BPD**	:	**Pulse**	: 86	**Height**	: 168 cm	**Weight**	: 68 kg
BMI	: 24.09297 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK OF FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
29-Nov-2024	Humaira	T78.40XS	Allergy, unspecified, sequela	
29-Nov-2024	Humaira	K29.00	Acute gastritis without bleeding	
29-Nov-2024	Humaira	R50.9	Fever, unspecified	
29-Nov-2024	Humaira	R05	Cough	
29-Nov-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
29-Nov-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
BETNOVATE CREAM / (BETAMETHASONE : 0.1%) CREAM BETAMETHASONE [0.1%] / CREAM (30G, TUBE) / Cream	Take 1Cream 1Time(s) perDay For 1 Day(s) others	1	1	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GERDIL 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES ORAL / DELAYED RELEASE CAPSULES (30S, CONTAINER / Capsule	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others	7	14	
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) after meal	1	1	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG|500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1Tablets 2 Time(s) per Day For 6 Day(s) others	6	12	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablet at night	5	5	

Doctor Signature & Stamp :