



## Patient details

|                      |   |                                              |  |  |
|----------------------|---|----------------------------------------------|--|--|
| Date                 | : | 29-Nov-2024 / 12:45PM - 1:00PM               |  |  |
| Doctor               | : | Humaira(General)                             |  |  |
| Reg # / Patient Name | : | 41100 / BIBEK KHAREL BISHNU PRASAD KHAREL    |  |  |
| Mobile #             | : | 0565607550                                   |  |  |
| Gender / DOB/Age     | : | Male / 01-Feb-1994                           |  |  |
| Nationality          | : | Nepalese                                     |  |  |
| Insurance / Card#    | : | FMC Standard Network / I019-010-118547040-01 |  |  |
| EMID #               | : | 784-1994-2181959-2                           |  |  |

## Medical Record details

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 : 166 cm Weight : 59 kg  
BMI : 21.41095 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 | R05      | Cough                                          |       |
| 29-Nov-2024 | Humaira | J30.9    | Allergic rhinitis, unspecified                 |       |
| 29-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 | 94640    | AIRWAY INHALATION TREATMENT | NA       | NA      |       |
|            |          |          |                             |          |         |       |

Doctor Signature & Stamp :

