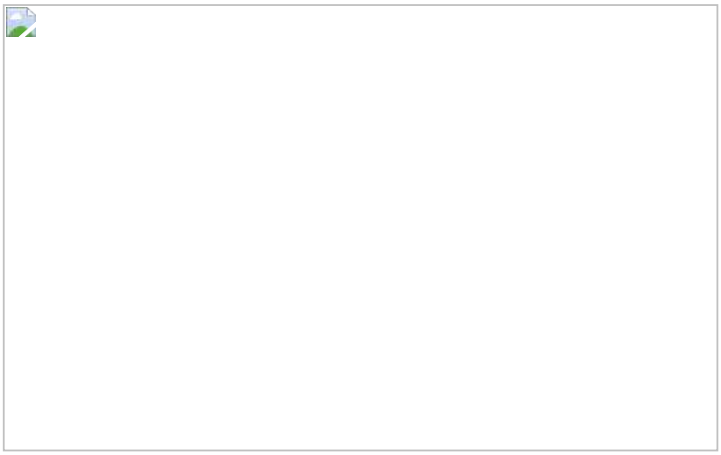
Patient details

Date	:	01-Dec-2024 / 5:45PM - 6:00PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	45085 / Kaung kyaw Win
Mobile #	:	0544940643
Gender / DOB/Age	:	Male / 09-Jul-1990
Nationality	:	Myanmarese
Insurance / Card#	:	NEXTCARE -OP PCP / 784-1990-4300982-0
EMID #	:	784-1990-4300982-0



Medical Record details

Complaints

Complaints

co fever running nose dry cough

29th 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	: 38.9	**BPS**	: 60	**BPD**	:	**Pulse**	: 86	**Height**	: 171 cm	**Weight**	: 64 kg		
BMI	: 21.88708 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm				
Head Circumference	:	cm											
Urinalysis (Protein & Glucose)	:												
Notes	: RISK OF FALL												

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
01-Dec-2024	Humaira	K29.00	Acute gastritis without bleeding	
01-Dec-2024	Humaira	R05	Cough	
01-Dec-2024	Humaira	R50.9	Fever, unspecified	
01-Dec-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
01-Dec-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GERDIL 20 / (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) DELAYED RELEASE CAPSULES ESOMEPRAZOLE (AS MAGNESIUM) [20 MG] / 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	
MACROMAX 500 / (AZITHROMYCIN : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (3S, BLISTER / 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	10	10	

Doctor Signature & Stamp :