Patient details

Date	:	04-Dec-2024 / 8:30PM - 8:45PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	39243 / SANA FAYYAZ ASHFAQ AHMAD SHAHZAD
Mobile #	:	0558803738
Gender / DOB/Age	:	Female / 06-Mar-1983
Nationality	:	Pakistani
Insurance / Card#	:	E CARE - Blue Network / I022-029-121571466-01
EMID #	:	784-1983-8532909-3

Medical Record details

Complaints

Complaints

PC: Generalized body pains.

Especially on both shoulders and neck pain.

Has no other complaint and there is no fever.

Systemic review not contributory.

Vitamin D requested but patient has declined; says she needs permission from husband.

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	: 36.8	**BPS**	: 82	**BPD**	:	**Pulse**	: 86	**Height**	: 164 cm	**Weight**	: 77.9 kg
BMI	: 28.96342 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: RISK FOR FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
04-Dec-2024	Enomen Goodluck	E55.9	Vitamin D deficiency, unspecified	
04-Dec-2024	Enomen Goodluck	R52	Pain, unspecified	
04-Dec-2024	Enomen Goodluck	M25.519	Pain in unspecified shoulder	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MYDOCALM / (TOLPERISONE : 150 MG) SUGAR COATED TABLETS TOLPERISONE [150 MG] / SUGAR COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 15 Day(s) after meal	15	30	
CATAFLAM / (DICLOFENAC POTASSIUM : 50 MG) SUGAR COATED TABLETS DICLOFENAC POTASSIUM [50 MG] / SUGAR COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal	5	10	
VOLTAREN EMULGEL 12 HOURS / (DICLOFENAC DIETHYLAMINE : 23.2 MG / G GEL TOPICAL / GEL (50G, TUBE / Gel	Take 1Gel 3Time(s) perDay For 30 Day(s) after meal	30	1	

Doctor Signature & Stamp :