Patient details

Date	:	06-Dec-2024 / 10:30AM - 10:45AM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	36435 / MOHIT KUMAR NARESH CHANDRA
Mobile #	:	0564670216
Gender / DOB/Age	:	Male / 25-Jun-1995
Nationality	:	Indian
Insurance / Card#	:	FMC Standard Network / I005-010-117742793-01
EMID #	:	784-1995-2027746-0

Medical Record details

Complaints

Complaints

co fever on and off dry cough running nose 3rd dec. 2024

oe chest is congested no added sounds

restless

smoker alcohol

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**	: 66	**BPD**	:	**Pulse**	: 86	**Height**	: 177 cm	**Weight**	: 78 kg
BMI	: 24.89706 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 97%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: risk of fall										

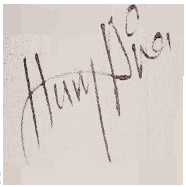
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
06-Dec-2024	Humaira	K29.00	Acute gastritis without bleeding	
06-Dec-2024	Humaira	R50.9	Fever, unspecified	
06-Dec-2024	Humaira	R05	Cough	
06-Dec-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
06-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	5	5	

Doctor Signature & Stamp :



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.