Patient details

Date	:	06-Dec-2024 / 11:00AM - 11:15AM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	40981 / ROBERT KAKANDE
Mobile #	:	0544035764
Gender / DOB/Age	:	Male / 06-Apr-1994
Nationality	:	Ugandan
Insurance / Card#	:	FMC Standard Network / I019-010-117911062-01
EMID #	:	784-1994-9639057-8

Medical Record details

Complaints

Complaints

co running nose bodyache epigastric paIN FEVER On and off 3rd dec. 2024

oe chest is clear no added sounds

restless

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**	: 72	**BPD**	:	**Pulse**	: 86	**Height**	: 165 cm	**Weight**	: 59 kg
BMI	: 21.67126 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 97%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										

Notes : risk of fall

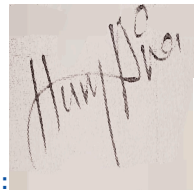
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
06-Dec-2024	Humaira	R52	Pain, unspecified	
06-Dec-2024	Humaira	R50.9	Fever, unspecified	
06-Dec-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
06-Dec-2024	Humaira	K29.00	Acute gastritis without bleeding	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GAVISCON / (ALUMINIUM HYDROXIDE : N/A) (SODIUM BICARBONATE : N/A) (ALGINIC ACID : N/A) (MAGNESIUM TRISILICATE : N/A) CHEWABLE TABLETS ALUMINIUM HYDROXIDE/SODIUM BICARBONATE/ALGINIC ACID/MAGNESIUM TRISILICATE [N/A|N/A|N/A|N/A] / CHEWABLE TABLETS (12S, BOX) / Tablets	Take 1Tablets 3 Time(s) per Day For 7 Day(s) others	7	21	
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN ORAL / CAPSULES (HARD GELATIN (14S, BLISTER / Capsule	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others	7	14	
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	
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	

Doctor Signature & Stamp :



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