Patient details

Date	:	07-Dec-2024 / 10:00AM - 10:15AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	32242 / AARIF NIZAM MD NIZAMUDDIN
Mobile #	:	0558635120
Gender / DOB/Age	:	Male / 24-Jun-1996
Nationality	:	Indian
Insurance / Card#	:	FMC Standard Network / I019-010-116854774-01
EMID #	:	784-1996-7314941-7

Photo Not Available

Medical Record details

Complaints

Complaints

pc: fever 06/12/2024

flu

cough

sore throar

epigastric pain

Vital Signs

Temperature	: 36.4	**BPS**	: 62	**BPD**	:	**Pulse**	: 72	**Height**	: 173 cm	**Weight**	: 54 kg
BMI	: 18.0427 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
07-Dec-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without esophagitis	
07-Dec-2024	AHSAN HUSSAIN	M54.5	Low back pain	
07-Dec-2024	AHSAN HUSSAIN	J20.9	Acute bronchitis, unspecified	
07-Dec-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
10:42:33	10:43:00	96372	THER/PROPH/DIAG INJ SC/IM			
00:00:00	00:00:00	94640	AIRWAY INHALATION TREATMENT	NA	NA	
00:00:00	00:00:00	9	Consultation Gp	NA	NA	
11:15:00	11:30:00	96374	THER/PROPH/DIAG INJ IV PUSH	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V SYRUP ORAL / SYRUP (200ML, BOTTLE / Syrup	Take 1Syrup 2 Time(s) per Day For 7 Day(s) after meal	7	1	
FLUTAB / (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS DIPHENHYDRAMINE/PARACETAMOL/PSEUDOEPHEDRINE [25 MG|500 MG|30 MG] / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others	5	5	

Doctor Signature & Stamp :