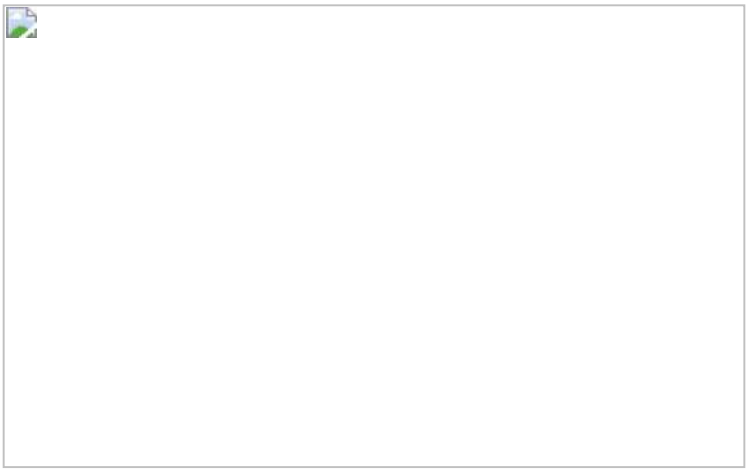
Patient details

Date	:	10-Dec-2024 / 1:00PM - 1:15PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	26299 / OKEZIE THEOPHILIUS NDUCHE
Mobile #	:	0568531697
Gender / DOB/Age	:	Male / 17-Aug-1979
Nationality	:	Nigerian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-115298216-01
EMID #	:	784-1979-9652140-3



Medical Record details

Complaints

Complaints

co fever running nose dry cough epigastric pain 3rd dec. 2024

oe chest is congested no added sounds

restless

Vital Signs

Temperature	: 36.2	**BPS**	: 65	**BPD**	:	**Pulse**	: 92	**Height**	: 181 cm	**Weight**	: 96 kg
BMI	: 29.30313 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
10-Dec-2024	Humaira	K29.00	Acute gastritis without bleeding	
10-Dec-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
10-Dec-2024	Humaira	R05	Cough	
10-Dec-2024	Humaira	R50.9	Fever, unspecified	
10-Dec-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
13:18:25	01:33:25	0005-242802-0781	PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION	NA	NA	iv push
13:18:25	01:23:25	0005-136504-1021	SCOPINAL	NA	NA	im
13:18:25	01:23:25	96372	Intramuscular injection	NA	NA	
13:18:25	01:33:25	96365	Administered intravenously	NA	NA	
00:00:00	00:00:00	9	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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	
SCOPINAL / (HYOSCINE : 10 MG) FILM COATED TABLETS HYOSCINE [10 MG] / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others	3	6	
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN) ESOMEPRAZOLE (AS MAGNESIUM) [20 MG] / CAPSULES (HARD GELATIN) (14S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
MAALOX PLUS / (ALUMINIUM HYDROXIDE : 225 MG/5ML) (SIMETHICONE : 25 MG/5 ML) (MAGNESIUM HYDROXIDE : 200 MG/5ML) SUSPENSION ALUMINIUM HYDROXIDE/SIMETHICONE/MAGNESIUM HYDROXIDE [225 MG/5ML|25 MG/5 ML|200 MG/5ML] / SUSPENSION (180ML, PLASTIC BOTTLE) / Tablets	Take 10ML 3 Time(s) per Day For 7 Day(s) others	1	1	
STOPKOF (ALCOHOL FREE) / (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE) AMMONIUM CHLORIDE/DIPHENHYDRAMINE HCL [131.5 MG/5 ML|13.5 MG/5ML] / SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE) / Tablets	Take 10 ml 3 times in a day	1	1	
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 :