Patient details

Date	:	11-Dec-2024 / 12:00AM - 8:00AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	27842 / Mansoor Ali Yameen Ali
Mobile #	:	0502245460
Gender / DOB/Age	:	Male / 25-Sep-1985
Nationality	:	Pakistani
Insurance / Card#	:	E CARE - Blue Network / I040-029-113719090-01
EMID #	:	784-1985-5209606-1

Photo Not Available

Medical Record details

Complaints

Complaints

pc: fever 2 days 09/12/2024

pain in right feet

came to refill medication for hypertension

Allergies

Allergy Type	Allergy Severity	Allergies	Allergy For	Physical Examination
		No Known Allergies	Unknown	

Vital Signs

Temperature : 37.5 **BPS** : 90 **BPD** : **Pulse** : 100 **Height** : 176 cm **Weight** : 93.7 kg

BMI : 30.24922 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
11-Dec-2024	AHSAN HUSSAIN	E79.0	Hyperuricemia w/o signs of inflam arthrit and tophaceous dis	
11-Dec-2024	AHSAN HUSSAIN	I10	Essential (primary) hypertension	
11-Dec-2024	AHSAN HUSSAIN	R51.9	Headache, unspecified	
11-Dec-2024	AHSAN HUSSAIN	R50.9	Fever, unspecified	
11-Dec-2024	AHSAN HUSSAIN	R07.0	Pain in throat	

Date	Doctor	ICD Code	Diagnosis	Notes
11-Dec-2024	AHSAN HUSSAIN	R05	Cough	
11-Dec-2024	AHSAN HUSSAIN	J00	Acute nasopharyngitis [common cold]	
11-Dec-2024	AHSAN HUSSAIN	L03.032	Cellulitis of left toe	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	84550	URIC ACID BLOOD	NA	NA	
00:00:00	00:00:00	9	Consultation GP			

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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) evening BEFORE SLEEP	5	5	
CLARITT / (CLARITHROMYCIN : 500 MG) FILM COATED TABLETS CLARITHROMYCIN [500 MG] / FILM COATED TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
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 10 Day(s) after meal	10	20	
SORTIVA 50MG / (LOSARTAN POTASSIUM : 50 MG) FILM COATED TABLETS LOSARTAN POTASSIUM [50 MG] / FILM COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 60 Day(s) others	60	60	
BRUFEN 400MG / (IBUPROFEN : 400 MG) FILM COATED TABLETS IBUPROFEN [400 MG] / FILM COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 10 Day(s) others	10	20	

Doctor Signature & Stamp :