Patient details

Date	:	13-Dec-2024 / 3:15AM - 3:30AM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	45207 / USMAN SAFDAR SAFDAR MEHMOOD
Mobile #	:	0588472175
Gender / DOB/Age	:	Male / 19-Jun-1991
Nationality	:	Pakistani
Insurance / Card#	:	AL MADALLAH RN4 / 784-1991-8719603-7
EMID #	:	784-1991-8719603-7

Medical Record details

Complaints

Complaints

co fever dry cough running nose 10 dec. 2024

oe

chest is congested no added sounds

restless

smoker

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	: 37.9	**BPS**	: 92	**BPD**	:	**Pulse**	: 111	**Height**	: 176 cm	**Weight**	: 107 kg
BMI	: 34.54287 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										

Notes : RISK OF FALL

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
13-Dec-2024	Humaira	J02.9	Acute pharyngitis, unspecified	
13-Dec-2024	Humaira	K29.00	Acute gastritis without bleeding	
13-Dec-2024	Humaira	R05	Cough	
13-Dec-2024	Humaira	R50.9	Fever, unspecified	
13-Dec-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
13-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	Take10ml 3 times in a day	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	10	10	

Doctor Signature & Stamp :