Patient details

Date	:	14-Dec-2024 / 1:30PM - 1:45PM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	45220 / IMANE EL GORFTY EL QASEMY
Mobile #	:	0502574100
Gender / DOB/Age	:	Female / 20-Nov-2002
Nationality	:	Moroccan
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-121532160-01
EMID #	:	784-2002-9822028-4

Medical Record details

Complaints

Complaints

PC: ITCHINESS

ALLEGIC DERMATITIS

SEVERE REDNESS AND ITCHINESS ALL OVER BODY

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	: 36.8	**BPS**	: 70	**BPD**	:	**Pulse**	: 78	**Height**	: 168 cm	**Weight**	: 58 kg
BMI	: 20.54989 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	: cm										
Urinalysis (Protein & Glucose)	:										
Notes	: RISK FOR FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
14-Dec-2024	AHSAN HUSSAIN	R50.9	Fever, unspecified	
14-Dec-2024	AHSAN HUSSAIN	R21	Rash and other nonspecific skin eruption	
14-Dec-2024	AHSAN HUSSAIN	L23.89	Allergic contact dermatitis due to other agents	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
DERMOVATE 0.05% / (CLOBETASOL PROPIONATE : 0.5 MG/G OINTMENT TOPICAL / OINTMENT (30G, ALUMINIUM TUBE / Cream	Take 1Cream 2 Time(s) per Day For 7 Day(s) others	7	1	
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 7 Day(s) others	7	7	

Doctor Signature & Stamp :