Patient details

Date	:	14-Dec-2024 / 3:00PM - 3:15PM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	41308 / VISHAL KUMAR CHAUDHARY
Mobile #	:	0523004789
Gender / DOB/Age	:	Male / 06-Aug-1993
Nationality	:	Indian
Insurance / Card#	:	E CARE - Blue Network / I011-029-119736610-02
EMID #	:	784-1993-9920634-3

Medical Record details

Complaints

Complaints

pc: fever

flu

sore throat

cough

Allergies

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

Vital Signs

Temperature	: 37.5	**BPS**	: 70	**BPD**	:	**Pulse**	: 86	**Height**	: 174 cm	**Weight**	: 90 kg
BMI	: 29.72652 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 94%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK OF FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
14-Dec-2024	AHSAN HUSSAIN	E86.0	Dehydration	
14-Dec-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without esophagitis	
14-Dec-2024	AHSAN HUSSAIN	M54.5	Low back pain	
14-Dec-2024	AHSAN HUSSAIN	J20.9	Acute bronchitis, unspecified	

Date	Doctor	ICD Code	Diagnosis	Notes
14-Dec-2024	AHSAN HUSSAIN	J00	Acute nasopharyngitis [common cold]	
14-Dec-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified	

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 2Time(s) perDay 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 7 Day(s) others	7	7	

Doctor Signature & Stamp :