



**Patient** 45222 **ABDUS SALAM MAINUDDIN AHAMMED** 784-1991-7927058-4 **First**  
Time 33 **Male** **Indian** **S** **NAS - SRN WN - AL WATHBA NATIONAL INSURANCE**  
**COMPANY - Default Scheme (99999)** [Medical History \(patient\\_history.aspx?patId=55259\)](#)  
[Billing History \(patient\\_accounts.aspx?patId=55259\)](#)

Appointment

Visit ID

55937

14-Dec-2024

AHSAN HUSSAIN - General - DHA-P-87543658

MRN Activities(Log)

Insurance Cards

EMID Card

**Vitals Alert** This Patient has Vitals for Temp: 37°C, Pulse: 90bpm, BP: 122mmHg, Height: 152cm, Weight: 66kg, BMI 28.57(Obese), Blood Sugar

|                         |               |                      |                              |                             |                  |
|-------------------------|---------------|----------------------|------------------------------|-----------------------------|------------------|
| Start Time              | Nurse Station | Doctor Evaluation    | Orthopedic Case Assessment ▼ |                             | Diagnosis        |
| Treatments/Procedures ▼ |               | Packages             | Prescription                 | Reimbursement Forms ▼       | Documents        |
| Progress Notes          | Addendum      | NAS REIMB Claim FORM |                              | NAS PRESCRIPTION Claim FORM | NAS FORM         |
| NAS ADVICE FORM         | Other Forms   | Sick Leave           | End Time                     | Visit Summary Sheet         |                  |
| Nabidh Clinical Docs    | Audit Log     | Radiology            | Laboratory                   | Health Declaration          | Signed Documents |
| Image Comparison        |               |                      |                              |                             |                  |

|                                                                                                                     |                                         |                 |                                                      |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------|------------------------------------------------------|
| <input type="checkbox"/> Openbite                                                                                   | <input type="text" value="Enter Text"/> |                 |                                                      |
| <b>MIDLINE</b>                                                                                                      |                                         |                 |                                                      |
| <input type="checkbox"/> Even                                                                                       |                                         |                 |                                                      |
| <input type="checkbox"/> Shift to R <input type="checkbox"/> Upper <input type="checkbox"/> Lower                   |                                         |                 |                                                      |
| <input type="checkbox"/> Shift to L <input type="checkbox"/> Upper <input type="checkbox"/> Lower                   |                                         |                 |                                                      |
| <b>CROSSBITE</b>                                                                                                    |                                         |                 |                                                      |
| <input type="checkbox"/> None                                                                                       |                                         |                 |                                                      |
| <input type="checkbox"/> Present: # <input type="text" value="Enter Text"/>                                         |                                         |                 |                                                      |
| <b>TRAUMA:</b>                                                                                                      |                                         |                 |                                                      |
| <input type="checkbox"/> None <input type="checkbox"/> Yes (teeth Involved) <input type="text" value="Enter Text"/> |                                         |                 |                                                      |
| <b><u>Diagnosis</u></b>                                                                                             |                                         |                 |                                                      |
| <b>Date</b>                                                                                                         | <b>Doctor</b>                           | <b>ICD Code</b> | <b>Diagnosis</b>                                     |
| 14-Dec-2024                                                                                                         | AHSAN HUSSAIN                           | K21.9           | Gastro-esophageal reflux disease without esophagitis |

|             |               |          |                                                            |
|-------------|---------------|----------|------------------------------------------------------------|
| 14-Dec-2024 | AHSAN HUSSAIN | E86.0    | Dehydration                                                |
| 14-Dec-2024 | AHSAN HUSSAIN | R50.9    | Fever, unspecified                                         |
| 14-Dec-2024 | AHSAN HUSSAIN | R52      | Pain, unspecified                                          |
| 14-Dec-2024 | AHSAN HUSSAIN | S01.341A | Puncture wound with foreign body of right ear, init encntr |

## Prescription

| Generic/Dose/Form                                                                                                                                            | Instructions                                        | Duration |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------|
| 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 7 Day(s) others | 7        |
| AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG 875 MG] / TABLETS (14S, BLISTER PACK) / Tablets | Take 1Tablets 2 Time(s) per Day For 7 Day(s) others | 7        |

Doctor Signature & Stamp :



Print