Patient details

Date	:	15-Dec-2024 / 3:00AM - 3:15AM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	43354 / RUSLANI MELKONIAN
Mobile #	:	0585468877
Gender / DOB/Age	:	Male / 10-Oct-1991
Nationality	:	Georgian
Insurance / Card#	:	NAS VN / AFEF-AFE2-C2C1-1CDE
EMID #	:	784-1991-2223650-0

Medical Record details

Complaints

Complaints

PC: Headache, generalized body pains and fever.

Duration: 2days,

There is no cough, no pain in throat.

Smokes tobacco over 15 sticks per day, does not take alcohol.

Vital Signs

Temperature	: 38	**BPS**	: 80	**BPD**	:	**Pulse**	: 108	**Height**	: 172 cm	**Weight**	: 68 kg
BMI	: 22.9854 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
15-Dec-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
15-Dec-2024	Enomen Goodluck	R50.9	Fever, unspecified	
15-Dec-2024	Enomen Goodluck	R07.0	Pain in throat	

15-Dec-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
03:19:48	03:24:48	0005-149902-1021	CLOFEN	NA	NA	
03:19:48	03:24:48	0125-122107-1022	DEXAMETHASONE SODIUM PHOSPHATE	NA	NA	
00:00:00	00:00:00	9	Consultation Gp			

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MACROMAX 500 / (AZITHROMYCIN : 500 MG) FILM COATED TABLETS AZITHROMYCIN [500 MG] / FILM COATED TABLETS (6S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal	5	5	
AMYDRAMINE EXPECTORANT / (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP SODIUM CITRATE/AMMONIUM CHLORIDE/MENTHOL/DIPHENHYDRAMINE [57 MG/5ML|131.5 MG/5 ML|1.1 MG/5 ML|13.5 MG/5ML] / SYRUP (120ML, BOTTLE) / ML	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal	7	1	
LORINASE / (LORATADINE : 5 MG) (PSEUDOEPHEDRINE SULPHATE : 120 MG) TABLETS LORATADINE/PSEUDOEPHEDRINE SULPHATE [5 MG|120 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
IBULIFE 400 / (IBUPROFEN : 400 MG TABLETS ORAL / TABLETS (24S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal	5	10	

Doctor Signature & Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.