Patient details

Date	:	15-Dec-2024 / 3:00PM - 3:15PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	35780 / CARLA CASAS REBUSE
Mobile #	:	0507452293
Gender / DOB/Age	:	Female / 28-Oct-1984
Nationality	:	Philippine
Insurance / Card#	:	FMC Standard Network / I019-010-115341049-01
EMID #	:	784-1984-3575350-8

Photo Not Available

Medical Record details

Complaints

Complaints

co fever on and off running nose dry cough 12th 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 : 36.6 **BPS** : 78 **BPD** : **Pulse** : 88 **Height** : 170 cm **Weight** : 92 kg

BMI : 31.83391 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
15-Dec-2024	Humaira	K29.00	Acute gastritis without bleeding	
15-Dec-2024	Humaira	R50.9	Fever, unspecified	
15-Dec-2024	Humaira	R05	Cough	
15-Dec-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
15-Dec-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

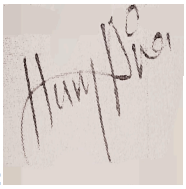
Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
15:14:51	03:15:00	96372	THER/PROPH/DIAG INJ SC/IM	NA	NA	
00:00:00	00:00:00	9	Consultation Gp	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE ORAL / SYRUP (SUGAR FREE (120ML, BOTTLE / Syrup	Take 10 ml 3 times in a day	1	1	
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN ORAL / CAPSULES (HARD GELATIN (14S, BLISTER / Capsule	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others	7	14	
ADOL EXTRA / (CAFFEINE : 65 MG (PARACETAMOL : 500 MG CAPLETS ORAL / 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 :



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.