



Patient details

Date	:	17-Dec-2024 / 12:00AM - 8:00AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	39533 / MOHAMED BELAL ABDELAZIZ MAHMOUD SAAD
Mobile #	:	0588943992
Gender / DOB/Age	:	Male / 12-Nov-1995
Nationality	:	Egyptian
Insurance / Card#	:	E CARE - Blue Network / I040-029-118737797-01
EMID #	:	784-1995-7395546-7



Photo
Not
Available

Medical Record details

Complaints

Complaints

pc: fever 16/12/2024

flu

sore throat

epigastric pain

body pain

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 : 38.9 BPS : 76 BPD : Pulse : 110 Height : 179 cm Weight : 106 kg

BMI : 33.08261 bpm Respiratory : 18 bpm SpO2 : 98% Hip : cm Waist : cm

Head Circumference : cm

Urinalysis (Protein & Glucose) :

Notes : risk of fall

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
17-Dec-2024	AHSAN HUSSAIN	E86.0	Dehydration	
17-Dec-2024	AHSAN HUSSAIN	M54.5	Low back pain	
17-Dec-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without esophagitis	
17-Dec-2024	AHSAN HUSSAIN	J20.9	Acute bronchitis, unspecified	
17-Dec-2024	AHSAN HUSSAIN	J00	Acute nasopharyngitis [common cold]	
17-Dec-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:58:24	02:08:24	2190-106618-1001	PARAFUSIV	NA	NA	iv slow
00:58:24	01:03:24	0125-122107-1022	DEXAMETHASONE SODIUM PHOSPHATE	NA	NA	im stat
00:58:24	01:08:24	0005-174202-0781	RISEK 40MG	NA	NA	iv push
00:58:24	02:08:24	0102-152902-1001	LACTATED RINGERS INJECTION USP	NA	NA	iv slow
00:58:24	02:08:24	96365	THER/PROPH/DIAG IV INF INIT	NA	NA	
00:58:24	02:08:24	96360	HYDRATION IV INFUSION INIT	NA	NA	
00:00:00	00:00:00	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT	NA	NA	
00:00:00	00:00:00	86140	C REACTIVE PROTEIN	NA	NA	
00:00:00	00:00:00	9	Consultation GP	NA	NA	
00:58:24	01:08:24	96374	THER/PROPH/DIAG INJ IV PUSH	NA	NA	

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 5 Day(s) others	5	5	



Doctor Signature & Stamp :