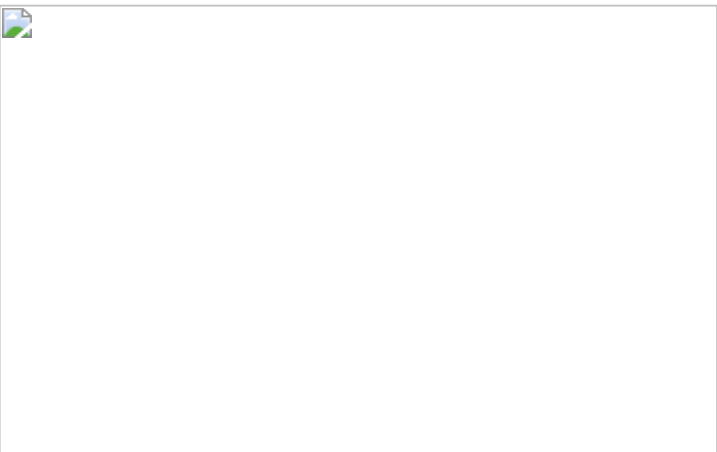




Patient details

Date	:	17-Dec-2024 / 2:15PM - 2:30PM		Photo Not Available
Doctor	:	Humaira(General)		
Reg # / Patient Name	:	39768 / RAM BAHADUR PARIYAR		
Mobile #	:	0504266519		
Gender / DOB/Age	:	Male / 03-May-1982		
Nationality	:	Nepalese		
Insurance / Card#	:	FMC Standard Network / I005-010-119055710-01		
EMID #	:	784-1982-9805807-8		

Medical Record details

Complaints

Complaints

co fever on and off bodyache pain in throat productive cough 15th dec. 2024

oe chest is congested no added sounds

restless

smoker

hypertensive taking medicine

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	:	37	BPS	:	100	BPD	:		Pulse	:	78	Height	:	157 cm	Weight	:	67 kg
BMI	:	27.18163 bpm	Respiratory	:	18 bpm	SpO2	:	98%	Hip	:	cm	Waist	:	cm			
Head Circumference	:			:	cm												
Urinalysis (Protein & Glucose)	:			:													
Notes	:	RISK FOR FALL															

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
17-Dec-2024	Humaira	T78.40XA	Allergy, unspecified, initial encounter	
17-Dec-2024	Humaira	K29.00	Acute gastritis without bleeding	
17-Dec-2024	Humaira	R05	Cough	
17-Dec-2024	Humaira	R50.9	Fever, unspecified	
17-Dec-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
18:15:35	06:17:00	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
GERDIL 20 / (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) DELAYED RELEASE CAPSULES ESOMEPRAZOLE (AS MAGNESIUM) [20 MG] / DELAYED RELEASE CAPSULES (30S, CONTAINER) / Capsule	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others	7	14	
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	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablet at night	5	5	
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	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG 500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1Tablets 2 Time(s) per Day For 6 Day(s) others	6	12	

Doctor Signature & Stamp :

