



Patient details

Date	:	17-Dec-2024 / 12:45PM - 1:00PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	45245 / MARYAM ALI SALEH SAAD AL BAOAH
Mobile #	:	971559505261
Gender / DOB/Age	:	Female / 07-Mar- 1998
Nationality	:	Venezuelan
Insurance / Card#	:	NEXTCARE CLAIMS MANAGEMENT LLC / E052-74C1- E1FA-BAE7
EMID #	:	784-1998- 4380513-8



Medical Record details

Complaints

Complaints

co fever on and off dry cough running nose 14th dec. 2024

oe chest is wheezing

restless

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 : 37.8 BPS : 70 BPD : Pulse : 70 Height : 161 cm Weight : 55 kg

BMI : 21.21832 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	K29.00	Acute gastritis without bleeding	
17-Dec-2024	Humaira	R50.9	Fever, unspecified	
17-Dec-2024	Humaira	R05	Cough	
17-Dec-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
17-Dec-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

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) / Syrup	Take 1Syrup 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 10ml 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	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG 875 MG] / TABLETS (14S, BLISTER PACK) / 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 :


