Patient details

Date	:	17-Dec-2024 / 7:00PM - 7:15PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	38050 / CHANDRAPRAKASH PRAJAPATI KAILASH PRAJAPATI
Mobile #	:	0563884612
Gender / DOB/Age	:	Male / 20-Mar-1987
Nationality	:	Indian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-117808595-01
EMID #	:	784-1987-2802495-5

Photo Not Available

Medical Record details

Complaints

Complaints

PC: Throat pain, generalized body pains, weakness, cough and chest pain,

Duration: 3days.

Does not take tobacco.

There is associated low grade fever.

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	: 37.4	**BPS**	: 88	**BPD**	:	**Pulse**	: 104	**Height**	: 162 cm	**Weight**	: 90.4 kg
BMI	: 34.44597 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	Enomen Goodluck	R50.9	Fever, unspecified	
17-Dec-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
17-Dec-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GUPISONE 5MG / (PREDNISOLONE : 5 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 2Tablets 1 Time(s) per Day For 7 Day(s) after meal	7	14	
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 (5ML X 20, SACHET) / ML	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal	7	1	
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	
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	
MAXIGESIC / (IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (16S, BLISTER / Tablets	Take 2Tablets 2 Time(s) per Day For 4 Day(s) after meal	4	16	

Doctor Signature & Stamp :