Patient details

Date	:	18-Dec-2024 / 1:00PM - 1:15PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	45255 / YASEMIN OZDERE
Mobile #	:	971563093585
Gender / DOB/Age	:	Female / 05-Jun-1990
Nationality	:	Turkish
Insurance / Card#	:	AXA / 13/XC/36001/0/68/E/0
EMID #	:	784-1990-4030828-2

Medical Record details

Complaints

Complaints

co nasal blockage productive cough pain in throat 15th dec. 2024

oe chest is congested no added sounds

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	: 36.8	**BPS**	: 62	**BPD**	:	**Pulse**	: 84	**Height**	: 159 cm	**Weight**	: 54 kg
BMI	: 21.35991 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
18-Dec-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
18-Dec-2024	Humaira	R05	Cough	
18-Dec-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

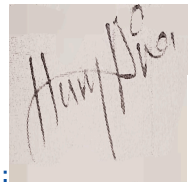
Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	0188-135906-2441	PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION	NA	NA	
00:00:00	00:00:00	9	GP Consultation	NA	NA	
13:30:59	01:31:00	96372	Therapeutic prophylactic or diagnostic injection (specify substance or drug) subcutaneous or intramu	NA	NA	
13:30:59	01:31:00	0005-149902-1021	CLOFEN	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG|500 MG] / CAPLETS (24S, BOX) / Syrup	Take 1Syrup 2 Time(s) per Day For 6 Day(s) others	6	12	
TOULARYNX THYM SYRUP / (THYMUS VULGARIS EXTRACT : 5G /100G) SYRUP THYMUS VULGARIS EXTRACT [5G /100G] / SYRUP (180ML, BOTTLE) / Syrup	Take 10 ml 3 times in a day	1	1	
HICET 5MG / (LEVOCETIRIZINE (DIHCL OR HCL) : 5 MG) FILM COATED TABLETS LEVOCETIRIZINE (DIHCL OR HCL) [5 MG] / FILM COATED TABLETS (30S, BLISTER) / Tablets	Take 1Tablet at night	5	5	

Doctor Signature & Stamp :



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