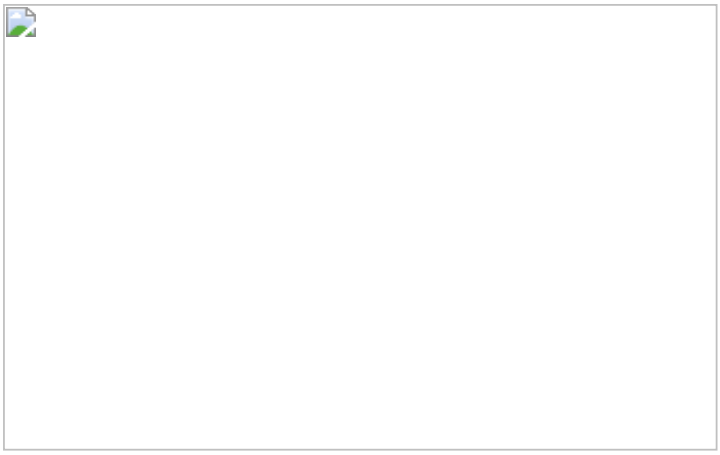
Patient details

Date	:	18-Dec-2024 / 6:45PM - 7:00PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	45261 / ADHAM ALMJRKSH
Mobile #	:	0564532064
Gender / DOB/Age	:	Male / 15-Dec-1996
Nationality	:	Syrian
Insurance / Card#	:	NEXTCARE -OP PCP / 8FE8-2D10-00F6-FF3B
EMID #	:	784-1996-8897982-4



Medical Record details

Complaints

Complaints

PC: discomfort in the left ear

Duration: 1week.

Tinnitus, minimal pain, cough, and pain in throat since 2days,

There is no 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	: 36.8	**BPS**	: 70	**BPD**	:	**Pulse**	: 64	**Height**	: 172 cm	**Weight**	: 98.4 kg
BMI	: 33.26122 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	Enomen Goodluck	R05	Cough	
18-Dec-2024	Enomen Goodluck	R51.9	Headache, unspecified	
18-Dec-2024	Enomen Goodluck	H92.02	Otalgia, left ear	
18-Dec-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	
18-Dec-2024	Enomen Goodluck	H65.02	Acute serous otitis media, left ear	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	9	GP Consultation	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MAXIGESIC / (IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (16S, BLISTER / Tablets	Take 1Tablets 3 Time(s) per Day For 5 Day(s) after meal	5	15	
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 (120ML, BOTTLE) / 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 6 Day(s) after meal	6	6	
FLUTAB / (DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal	10	20	
GUPISONE 5MG / (PREDNISOLONE : 5 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 2Tablets 1Time(s) perDay For 7 Day(s) evening	7	14	

Doctor Signature & Stamp :