



Patient details

Date	:	18-Dec-2024 / 7:30PM - 7:45PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	38120 / SACHIN RANA MAGAR
Mobile #	:	0529154268
Gender / DOB/Age	:	Male / 21-Oct- 1993
Nationality	:	Nepalese
Insurance / Card#	:	NAS VN / RLNM- N6LM-VMVN- PVAE
EMID #	:	784-1993- 3635321-6



Medical Record details

Complaints

Complaints

PC: Pain in the left flank

Duration: 1 day.

No history of trauma, no pain on passing urine, character of pain is poorly described.

Review of system: Cough since the past 4 days, and itching throat.

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 : 100 BPD : Pulse : 78 Height : 162 cm Weight : 60.2 kg

BMI : 22.93858 bpm Respiratory : 20 bpm SpO2 : 97% Hip : cm Waist : cm

Head Circumference : cm

Urinalysis (Protein & Glucose) :

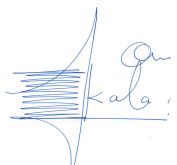
Notes : Risk of Fall

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
18-Dec-2024	Enomen Goodluck	N10	Acute pyelonephritis	
18-Dec-2024	Enomen Goodluck	N20.2	Calculus of kidney with calculus of ureter	
18-Dec-2024	Enomen Goodluck	R07.0	Pain in throat	
18-Dec-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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	
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	
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	
VOLFAST / (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION DICLOFENAC POTASSIUM [50 MG] / POWDER FOR SOLUTION (30S, SACHET) / Tablets	Take 1Tablets 3Time(s) perDay For 5 Day(s) after meal	5	15	



Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.



Doctor Signature & Stamp :