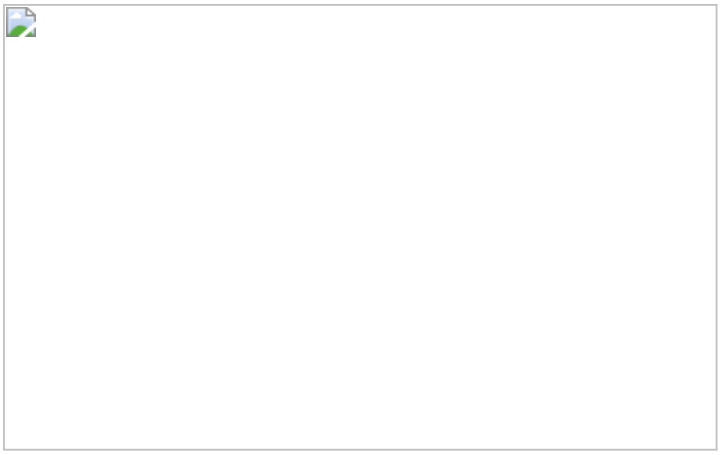
Patient details

Date	:	18-Dec-2024 / 9:15PM - 9:30PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	40613 / RASHID WASIL wasil khan
Mobile #	:	0555949262
Gender / DOB/Age	:	Male / 19-Jan-1989
Nationality	:	Pakistani
Insurance / Card#	:	NAS VN / LT6R-MTLM-VMVT-MVAE
EMID #	:	784-1989-2615708-6



Medical Record details

Complaints

Complaints

PC: Recurrent cough (sometimes dry and occasionally productive)

Duration: 3weeks.

Dull aching chest pain (left side) since 3 days.

Chest pain is associated with palpitations.

Not hypertensive but has a history of hypercholesterolemia

Has family history of hypertension, heart disease and hypercholesterolemia.

Vital Signs

Temperature	: 36	**BPS**	: 62	**BPD**	:	**Pulse**	: 84	**Height**	: 173 cm	**Weight**	: 62 kg
BMI	: 20.71569 bpm	**Respiratory**	: 18 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	Z83.42	Family history of familial hypercholesterolemia	
18-Dec-2024	Enomen Goodluck	E78.01	Familial hypercholesterolemia	
18-Dec-2024	Enomen Goodluck	E78.5	Hyperlipidemia, unspecified	
18-Dec-2024	Enomen Goodluck	R05	Cough	
18-Dec-2024	Enomen Goodluck	J20.9	Acute bronchitis, unspecified	

Date	Doctor	ICD Code	Diagnosis	Notes
18-Dec-2024	Enomen Goodluck	R00.2	Palpitations	
18-Dec-2024	Enomen Goodluck	R07.9	Chest pain, unspecified	

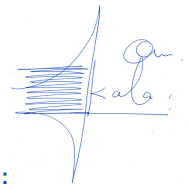
Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	94640	Pressurized/Nonpressurized Inhalation Treatment	NA	NA	
00:00:00	00:00:00	0188-135906-2441	PULMICORT	NA	NA	
00:00:00	00:00:00	9	Consultation Gp	NA	NA	
00:00:00	00:00:00	93000	Ecg Routine Ecg W/Least 12 Lds W/I&R	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
PANADOL ADVANCE / (PARACETAMOL : 500 MG) FILM COATED TABLETS PARACETAMOL [500 MG] / FILM COATED TABLETS (24S, BLISTER PACK) / Tablets	Take 1Tablets 3 Time(s) per Day For 5 Day(s) after meal	5	15	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 10 Day(s) after meal	10	10	
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP BUTAMIRATE DIHYDROGEN CITRATE [0.15% W/V] / SYRUP (200ML, BOTTLE) / ML	Take 10ML 3 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 1Time(s) perDay For 6 Day(s) after meal	6	6	
GUPISONE 20MG / (PREDNISOLONE : 20 MG) TABLETS PREDNISOLONE [20 MG] / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 1Time(s) perDay For 7 Day(s) evening	7	7	

Doctor Signature & Stamp :



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