Patient details

Date	:	18-Dec-2024 / 9:15PM - 9:30PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	37529 / Maricris Portugal Martinez
Mobile #	:	0569768123
Gender / DOB/Age	:	Female / 25-May-1990
Nationality	:	Philippine
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-115298129-01
EMID #	:	784-1990-8364285-2

Photo Not Available

Medical Record details

Complaints

Complaints

PC: Fever, cough, pain in throat and nasal congestion;

Duration: 3days.

Associated dyspnea which started today.

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	**BPS**	: 88	**BPD**	:	**Pulse**	: 86	**Height**	: 159 cm	**Weight**	: 73 kg
BMI	: 28.87544 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 97%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	: cm										
Urinalysis (Protein & Glucose)	:										
Notes	: RISK OF FALL										

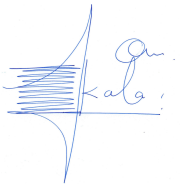
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
18-Dec-2024	Enomen Goodluck	R05	Cough	
18-Dec-2024	Enomen Goodluck	J20.9	Acute bronchitis, unspecified	
18-Dec-2024	Enomen Goodluck	J01.40	Acute pansinusitis, unspecified	
18-Dec-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
18-Dec-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MACROMAX 500 / (AZITHROMYCIN : 500 MG) FILM COATED TABLETS AZITHROMYCIN [500 MG] / FILM COATED TABLETS (6S, BLISTER) / Tablets	Take 1Tablets 1Time(s) perDay For 5 Day(s) after meal	5	5	
MAXIGESIC / (IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (16S, BLISTER / Tablets	Take 2Tablets 2Time(s) perDay For 4 Day(s) after meal	4	16	
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) others	7	1	
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) others	7	14	
GUPISONE 5MG / (PREDNISOLONE : 5 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 2Tablets 1 Time(s) per Day For 7 Day(s) others	7	14	

Doctor Signature & Stamp :



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