Patient details

Date	:	20-Dec-2024 / 9:00PM - 9:15PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	41351 / JAYAMMA GOPALAPPA
Mobile #	:	0506879397
Gender / DOB/Age	:	Female / 04-Apr-2002
Nationality	:	Indian
Insurance / Card#	:	NAS VN / EG4A-EA4C-DCD1-EDEA
EMID #	:	784-2002-5767812-6

Photo Not Available

Medical Record details

Complaints

Complaints

co fever on and off dry cough running nose 17th dec. 2024

oe chest is congested no added sounds

restless

Vital Signs

Temperature	: 36.7	**BPS**	: 75	**BPD**	:	**Pulse**	: 86	**Height**	: 167 cm	**Weight**	: 57 kg
BMI	: 20.43817 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: risk of fall										

Diagnosis

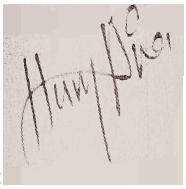
Date	Doctor	ICD Code	Diagnosis	Notes
20-Dec-2024	Humaira	K29.00	Acute gastritis without bleeding	
20-Dec-2024	Humaira	R05	Cough	
20-Dec-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
20-Dec-2024	Humaira	R50.9	Fever, unspecified	
20-Dec-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN ORAL / CAPSULES (HARD GELATIN (14S, BLISTER / Capsule	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others	7	14	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE ORAL / SYRUP (SUGAR FREE (120ML, BOTTLE / Syrup	Take 10 ml 3 times in a day	1	1	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablet at night	5	5	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG|500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1 Unit(s), 2 Time(s) per Day For 6 Day(s)	6	12	

Doctor Signature & Stamp :



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