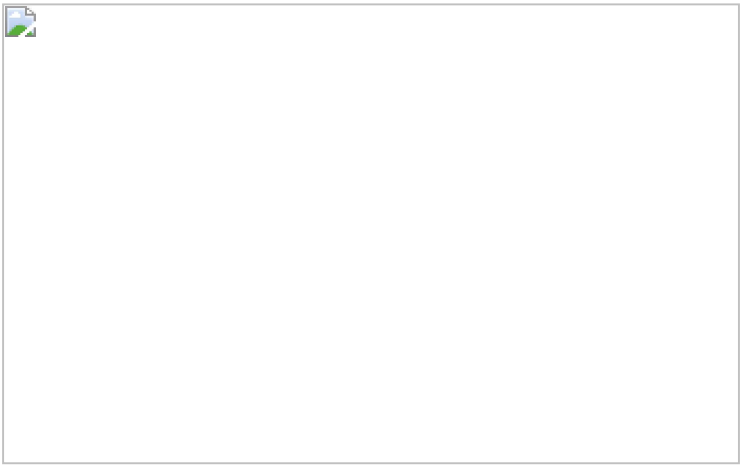
Patient details

Date	:	22-Dec-2024 / 3:45PM - 4:00PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	43902 / MICHE ALCONIS
Mobile #	:	0505518586
Gender / DOB/Age	:	Female / 03-Nov-1980
Nationality	:	Philippine
Insurance / Card#	:	NAS VN / 36L6-65LM-VMVR-1VAE
EMID #	:	784-1980-1635474-2



Medical Record details

Complaints

Complaints

pc: cough 20/12/2024

flu

runny nose

low back pain

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**	: 92	**BPD**	:	**Pulse**	: 86	**Height**	: 157 cm	**Weight**	: 63 kg
BMI	: 25.55885 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 96%	**Hip**	: cm	**Waist**	: cm		

Head Circumference : cm

Urinalysis (Protein & Glucose) :

Notes : risk for fall

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
22-Dec-2024	Enomen Goodluck	R50.9	Fever, unspecified	
22-Dec-2024	Enomen Goodluck	J00	Acute nasopharyngitis [common cold]	
22-Dec-2024	Enomen Goodluck	J20.9	Acute bronchitis, unspecified	
22-Dec-2024	Enomen Goodluck	R05	Cough	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
FLUTAB / (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS DIPHENHYDRAMINE/PARACETAMOL/PSEUDOEPHEDRINE [25 MG|500 MG|30 MG] / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V SYRUP ORAL / SYRUP (200ML, BOTTLE / Syrup	Take 1Syrup 2 Time(s) per Day For 7 Day(s) after meal	7	1	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
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 5 Day(s) others	5	5	

Doctor Signature & Stamp :