Patient details

Date	:	23-Dec-2024 / 1:15AM - 1:30AM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	45308 / THAWDAR CHAN MYAE
Mobile #	:	0557745586
Gender / DOB/Age	:	Female / 08-Apr-1999
Nationality	:	Myanmarese
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-120684878-01
EMID #	:	784-1999-9255791-0

Medical Record details

Complaints

Complaints

pc: itching

rash all over body

fever

Vital Signs

Temperature	: 37.8	**BPS**	: 65	**BPD**	:	**Pulse**	: 70	**Height**	: 159 cm	**Weight**	: 54 kg
BMI	: 21.35991 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
23-Dec-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	
23-Dec-2024	Enomen Goodluck	J20.9	Acute bronchitis, unspecified	
23-Dec-2024	Enomen Goodluck	E86.0	Dehydration	
23-Dec-2024	Enomen Goodluck	L23.89	Allergic contact dermatitis due to other agents	
23-Dec-2024	Enomen Goodluck	R21	Rash and other nonspecific skin eruption	
23-Dec-2024	Enomen Goodluck	R50.9	Fever, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
01:53:18	01:58:18	0005-111805-1021	CHLOROHISTOL 10MG	NA	NA	im stat
01:53:18	01:58:18	0125-122107-1022	(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION	NA	NA	im
01:53:18	01:58:18	96372	Intramuscular injection	NA	NA	
01:53:18	02:58:18	0102-152902-1001	LACTATED RINGERS INJECTION USP	NA	NA	iv slow
01:53:18	02:58:18	96365	Administered intravenously	NA	NA	
01:53:18	02:58:18	2190-106618-1001	PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION	NA	NA	iv slow
00:00:00	00:00:00	9	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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) others	7	1	
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) 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 2 Time(s) per Day For 7 Day(s) others	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 7 Day(s) others	7	7	

Doctor Signature & Stamp :