

**Patient details**

Date	:	24-Dec-2024 / 6:00PM - 6:15PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	40939 / LORETA CREDO BAETIONG
Mobile #	:	0525316300
Gender / DOB/Age	:	Female / 25-Aug- 1958
Nationality	:	Philippine
Insurance / Card#	:	NAS - SRN WN / GGC2-9A4C- DCDR-RDEA
EMID #	:	784-1958- 7961419-6

**Medical Record details****Complaints****Complaints**

co fever on and off dry cough running nose 18th dec. 2024

oe

chest is congested no added sounds

restless

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 : 36.3 BPS : 80 BPD : Pulse : 82 Height : 165 cm Weight : 64 kg

BMI : 23.5078 bpm **Respiratory** : 20 bpm **SpO2** : 97% **Hip** : cm **Waist** : cm
Head Circumference : cm
Urinalysis (Protein & Glucose) :
Notes : Risk of Fall

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
24-Dec-2024	Humaira	K29.00	Acute gastritis without bleeding	
24-Dec-2024	Humaira	R50.9	Fever, unspecified	
24-Dec-2024	Humaira	R05	Cough	
24-Dec-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
24-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	
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	
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	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG 500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1Tablets 2 Time(s) per Day For 6 Day(s) others	6	12	

Doctor Signature & Stamp :


