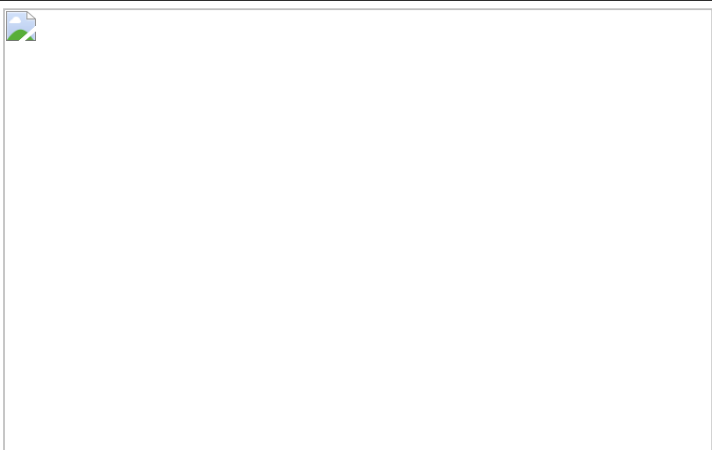




Patient details

Date	:	24-Dec-2024 / 7:30PM - 7:45PM		Photo Not Available
Doctor	:	Enomen Goodluck(General)		
Reg # / Patient Name	:	44589 / THAER MOHAMAD DHIMCH		
Mobile #	:	0527059299		
Gender / DOB/Age	:	Male / 20-Jul-1979		
Nationality	:	Syrian		
Insurance / Card#	:	NEXTCARE -OP PCP / 61E4-892D-1E70-75BF		
EMID #	:	784-1979-2713721-2		

Medical Record details

Complaints

Complaints

PC: Gritty sensation in both eyes.

Duration: 1month

There is associated tearing from both eyes and itching.

It is said to be worst at night

He is not hypertensive and not diabetic

Smokes tobacco 1 stick per day.

ROS: dry cough, pain in throat.

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	:	80	BPD	:		Pulse	:	78	Height	:	169 cm	Weight	:	99 kg
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BMI : 34.66265 bpm **Respiratory** : 18 bpm **SpO2** : 99% **Hip** : cm **Waist** : cm
Head Circumference : cm
Urinalysis (Protein & Glucose) :
Notes : RISK OF FALL

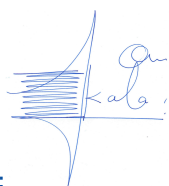
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
24-Dec-2024	Enomen Goodluck	J06.0	Acute laryngopharyngitis	
24-Dec-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
24-Dec-2024	Enomen Goodluck	J03.90	Acute tonsillitis, unspecified	
24-Dec-2024	Enomen Goodluck	H10.45	Other chronic allergic conjunctivitis	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MAXITROL / (DEXAMETHASONE : 1 MG/ML) (NEOMYCIN : 3500 IU/ML) (POLYMYXIN B : 6000 UI/ML) EYE DROPS DEXAMETHASONE/NEOMYCIN/POLYMYXIN B [1 MG/ML 3500 IU/ML 6000 UI/ML] / EYE DROPS (5ML, DROPPER BOTTLE) / Drops	Take 2Drops 3 Time(s) per Day For 10 Day(s) others	10	1	
GUPISONE 20MG / (PREDNISOLONE : 20 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 1Time(s) perDay For 7 Day(s) evening	7	7	
FLUTAB / (DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2Time(s) perDay For 10 Day(s) after meal	10	20	
TELFAS / (FEXOFENADINE HCL : 180 MG) FILM COATED TABLETS FEXOFENADINE HCL [180 MG] / FILM COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 15 Day(s) others	15	30	

Doctor Signature & Stamp :



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

