Patient details

Date	:	26-Dec-2024 / 6:45PM - 7:00PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	30060 / FAISAL MEHMOOD MOHAZZAM ALI
Mobile #	:	559184410
Gender / DOB/Age	:	Male / 01-Jan-1984
Nationality	:	Pakistani
Insurance / Card#	:	FMC Standard Network / I019-010-112614603-01
EMID #	:	784-1984-4150396-2

Photo Not Available

Medical Record details

Complaints

Complaints

PC: Pain in throat, fever, cough (dry and worst at night).

Duration: 2 days (24/12/2024).

Associated chest pain.

There is no shortness of breath, no headaches, no GIT symptoms, no urinary symptoms.

Not hypertensive and not diabetic and not asthmatic and does not have any other known medical conditions.

Does not take tobacco

Has been on self medicated Panadol only.

Exam: mild pharyngeal hyperemia.

Chest is clinically clear

Vital Signs

Temperature	: 36	**BPS**	: 80	**BPD**	:	**Pulse**	: 70	**Height**	: 173 cm	**Weight**	: 74 kg
BMI	: 24.72518 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
26-Dec-2024	Enomen Goodluck	R07.89	Other chest pain	
26-Dec-2024	Enomen Goodluck	R05	Cough	
26-Dec-2024	Enomen Goodluck	R50.9	Fever, unspecified	
26-Dec-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

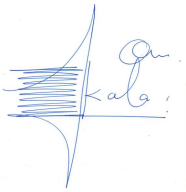
Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	94640	AIRWAY INHALATION TREATMENT	NA	NA	
19:10:23	07:15:23	96372	THER/PROPH/DIAG INJ SC/IM	NA	NA	
00:00:00	00:00:00	9	Consultation Gp	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP BUTAMIRATE DIHYDROGEN CITRATE [0.15% W/V] / SYRUP (200ML, BOTTLE) / ML	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	7	1	
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 10 Day(s) after meal	10	10	
GUPISONE 5MG / (PREDNISOLONE : 5 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 2Tablets 1 Time(s) per Day For 7 Day(s) after meal	7	14	
FLUTAB / (DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal	10	20	

Doctor Signature & Stamp :



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