Patient details

Date	:	26-Dec-2024 / 9:15PM - 9:30PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	43233 / Marcian Abeykoon
Mobile #	:	0526959357
Gender / DOB/Age	:	Female / 16-Apr-2000
Nationality	:	Sri Lankan
Insurance / Card#	:	FMC Standard Network / I019-010-120160022-01
EMID #	:	784-2000-5644083-5

Photo Not Available

Medical Record details

Complaints

Complaints

PC: Cough, pain in thraot, fever and nasal congestion

Duration: 3 days.

Has chest pain but no difficulty breathing

Not hypertensive and not diabetic.

does not smoke,

Exam: chest is clinically clear

Allergies

Allergy Type	Allergy Severity	Allergies	Allergy For	Physical Examination
		No Known Allergies	Unknown	

Vital Signs

Temperature	: 37	**BPS**	: 73	**BPD**	:	**Pulse**	: 101	**Height**	: 175 cm	**Weight**	: 86 kg		
BMI	: 28.08163 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	J06.9	Acute upper respiratory infection, unspecified	
26-Dec-2024	Enomen Goodluck	J20.9	Acute bronchitis, 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	
00:00:00	00:00:00	9	Consultation Gp	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
OTRIVIN (ADULT) / (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS XYLOMETAZOLINE HYDROCHLORIDE [0.1%] / NASAL DROPS (10ML, BOTTLE) / Drops	Take 2Drops 2 Time(s) per Day For 5 Day(s) others	5	1	
MACROMAX 500 / (AZITHROMYCIN : 500 MG) FILM COATED TABLETS AZITHROMYCIN [500 MG] / FILM COATED TABLETS (6S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal	5	5	
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE) DIPHENHYDRAMINE [12.5 MG/5ML] / SYRUP (SUGAR FREE) (120ML, BOTTLE) / ML	Take 10ML 2 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	
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.