Patient details

Date	:	27-Dec-2024 / 8:00PM - 8:15PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	31046 / Nizar Thayyil Aliyar
Mobile #	:	0501271876
Gender / DOB/Age	:	Male / 30-Mar-1987
Nationality	:	Indian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-114414047-01
EMID #	:	784-1987-0520849-8

Medical Record details

Complaints

Complaints

PC: Cough, atypical facial pains, fever and headache and sneezing.

duration; 3days.

Self medicated with allergy medicines.

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 : 37.1 **BPS** : 90 **BPD** : **Pulse** : 78 **Height** : 184 cm **Weight** : 69 kg

BMI : 20.38043 bpm **Respiratory** : 18 bpm **SpO2** : 98% **Hip** : cm **Waist** : cm

Head Circumference : cm

Urinalysis (Protein & Glucose) :

Notes : RISK FOR FALL

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
27-Dec-2024	Enomen Goodluck	R50.9	Fever, unspecified	
27-Dec-2024	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
27-Dec-2024	Enomen Goodluck	R06.7	Sneezing	
27-Dec-2024	Enomen Goodluck	R09.81	Nasal congestion	
27-Dec-2024	Enomen Goodluck	J01.40	Acute pansinusitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
AMYDRAMINE EXPECTORANT / (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP SODIUM CITRATE/AMMONIUM CHLORIDE/MENTHOL/DIPHENHYDRAMINE [57 MG/5ML|131.5 MG/5 ML|1.1 MG/5 ML|13.5 MG/5ML] / SYRUP (120ML, BOTTLE) / ML	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal	7	1	
LORINASE / (LORATADINE : 5 MG (PSEUDOEPHEDRINE SULPHATE : 120 MG TABLETS ORAL / TABLETS (14S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
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	
MOMATE / (MOMETASONE FUROATE (AS MONOHYDRATE : 50 MCG/DOSE NASAL SPRAY NASAL / NASAL SPRAY (120 DOSE, PUMP SPRAY / Spray	Take 1Spray 3 Time(s) per Day For 7 Day(s) others	7	1	
SUPRAX / (CEFIXIME : 400 MG) CAPSULES (HARD GELATIN) CEFIXIME [400 MG] / CAPSULES (HARD GELATIN) (6S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 6 Day(s) after meal	6	6	

Doctor Signature & Stamp :

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