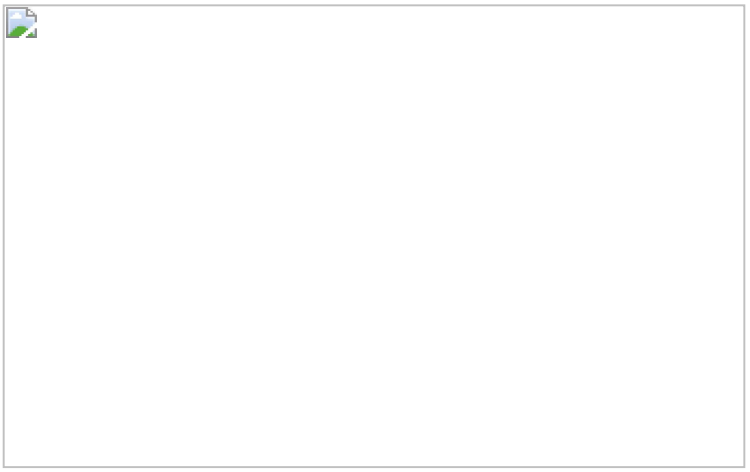
Patient details

Date	:	29-Dec-2024 / 3:15PM - 3:30PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	45373 / JENNIFER DESIREE
Mobile #	:	+971 58 684 2251
Gender / DOB/Age	:	Male / 18-Sep-1996
Nationality	:	Irish
Insurance / Card#	:	NEXTCARE -OP PCP / 2741-453F-F8C1-E898
EMID #	:	784-1996-6810303-1



Medical Record details

Complaints

Complaints

co co fever on and off running nose productive cough ear blockage 25th dec. 2024

oe

chest is congested no added sounds restless

asthma taking ventoline inhalor

Past / Family / Social History

Past History	:	Asthma
Other Past History	:	ASTHMA
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** : 100 **BPD** : **Pulse** : 82 **Height** : 172 cm **Weight** : 159 kg

BMI : 53.74527 bpm **Respiratory** : 18 bpm **SpO2** : 99% **Hip** : cm **Waist** : cm
Head Circumference : cm
Urinalysis (Protein & Glucose) :
Notes : RISK FOR FALL

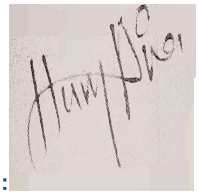
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
29-Dec-2024	Humaira	R03.0	Elevated blood-pressure reading, w/o diagnosis of htn	
29-Dec-2024	Humaira	K29.00	Acute gastritis without bleeding	
29-Dec-2024	Humaira	H60.539	Acute contact otitis externa, unspecified ear	
29-Dec-2024	Humaira	R50.9	Fever, unspecified	
29-Dec-2024	Humaira	R05	Cough	
29-Dec-2024	Humaira	J30.9	Allergic rhinitis, unspecified	
29-Dec-2024	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
EZILOC 20 / (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) DELAYED RELEASE CAPSULES ESOMEPRAZOLE (AS MAGNESIUM) [20 MG] / DELAYED RELEASE CAPSULES (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 :



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.