



Patient details

Date	:	01-Jan-2025 / 10:30AM - 10:45AM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	45037 / SHAN MOHAMMAD SURAJ KHAN
Mobile #	:	0565578605
Gender / DOB/Age	:	Male / 05-Jun- 1998
Nationality	:	Indian
Insurance / Card#	:	FMC Standard Network / I005- 010-121540511- 01
EMID #	:	784-1998- 2652634-7



**Photo
Not
Available**

Medical Record details

Complaints**Complaints**

pc : sore thraot, fever , pain in back, cough for 3 days

no other medical condition

o/e : hyperemia of pharynx

chest is clear

Allergies

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

Vital Signs

Temperature	: 37	BPS	: 62	BPD	:	Pulse	: 82	Height	: 167 cm	Weight	: 68 kg
BMI	: 24.38237 bpm	Respiratory	: 18 bpm	SpO2	: 97%	Hip	: cm	Waist	: cm		
Head Circumference	:		cm								
Urinalysis (Protein & Glucose)	:										
Notes	: RISK OF FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
01-Jan-2025	Humaira	R05	Cough	
01-Jan-2025	Humaira	A78	Q fever	
01-Jan-2025	Humaira	J30.9	Allergic rhinitis, unspecified	
01-Jan-2025	Humaira	J02.9	Acute pharyngitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
BIOCUM / (CALCIUM : 400 MG (VITAMIN D3 : 200 IU (MAGNESIUM : 100 MG (ZINC : 4 MG TABLETS ORAL / TABLETS (30S, BOX / Tablets	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)	30	1	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG 500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1Tablets 4Time(s) perDay For 5 Day(s) others	5	20	
MOVEN 15MG / (MELOXICAM : 15 MG CAPSULES ORAL / CAPSULES (30S, BLISTER / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) evening	7	7	
MYDOCALM / (TOLPERISONE : 150 MG) SUGAR COATED TABLETS TOLPERISONE [150 MG] / SUGAR COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 0 Day(s) evening	0	0	
CURAM / (AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, FOIL STRIP / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal	5	10	
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE) DIPHENHYDRAMINE [12.5 MG/5ML] / SYRUP (SUGAR FREE) (120ML, BOTTLE) / Tablets	Take 1Tablets 3 Time(s) per Day For 10 Day(s) others	10	30	
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 5 Day(s) evening	5	5	

Doctor Signature & Stamp :


