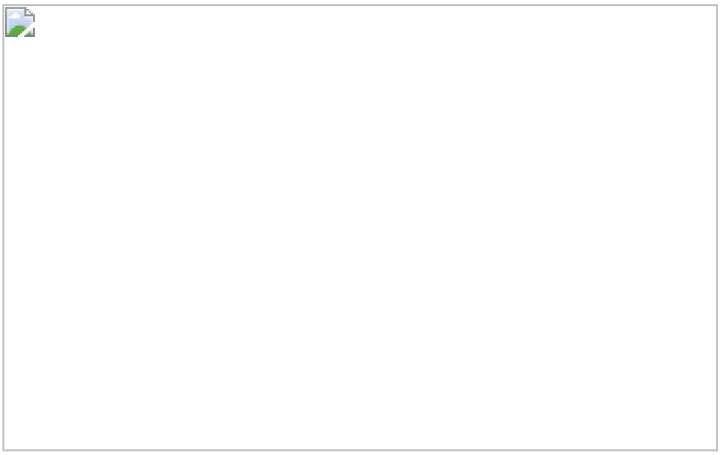
Patient details

Date	:	03-Jan-2025 / 8:00PM - 8:15PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	39055 / NARJISSE BOULAOUANE
Mobile #	:	0568994275
Gender / DOB/Age	:	Female / 19-Nov-1994
Nationality	:	Moroccan
Insurance / Card#	:	FMC Standard Network / I019-010-118580729-01
EMID #	:	784-1994-6247690-6



Medical Record details

Complaints

Complaints

PC: Pain in throat, coughing and nasal congestion.

Duration: 4days

associated fever, headache and hoarsness of voice.

not a known hypertensive and not diabetic.

does not smoke and does not take alcohol/

Vital Signs

Temperature	: 36.6	**BPS**	: 70	**BPD**	:	**Pulse**	: 84	**Height**	: 156 cm	**Weight**	: 62 kg
BMI	: 25.47666 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK OF FALL										

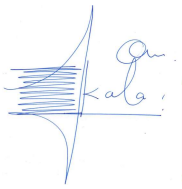
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
03-Jan-2025	Enomen Goodluck	R50.9	Fever, unspecified	
03-Jan-2025	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
03-Jan-2025	Enomen Goodluck	J01.90	Acute sinusitis, unspecified	
03-Jan-2025	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MOMATE / (MOMETASONE FUROATE (AS MONOHYDRATE : 50 MCG/DOSE NASAL SPRAY NASAL / NASAL SPRAY (120 DOSE, PUMP SPRAY / Spray	Take 1Spray 2Time(s) perDay 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	
IBULIFE 400 / (IBUPROFEN : 400 MG) TABLETS IBUPROFEN [400 MG] / TABLETS (24S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 4 Day(s) after meal	4	8	
GUPISONE 20MG / (PREDNISOLONE : 20 MG) TABLETS PREDNISOLONE [20 MG] / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal	5	5	
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 ORAL / SYRUP (5ML X 20, SACHET / 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 LORATADINE/PSEUDOEPHEDRINE SULPHATE [5 MG|120 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	

Doctor Signature & Stamp :



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