Patient details

Date	:	04-Jan-2025 / 11:15AM - 11:30AM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	45431 / CHRISTEENA SIBY SIBY GEORGE
Mobile #	:	0568012611
Gender / DOB/Age	:	Female / 07-Oct-1996
Nationality	:	Indian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-121404658-01
EMID #	:	784-1996-8131599-2

Medical Record details

Complaints

Complaints

pc : sneezing , blocked nose , fever , throat irritation , 2 days

no other medical conditions

o/ e hypermia of pharynx

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	: 37.3	**BPS**	: 80	**BPD**	:	**Pulse**	: 84	**Height**	: 165 cm	**Weight**	: 74 kg
BMI	: 27.1809 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: RISK FOR FALL										

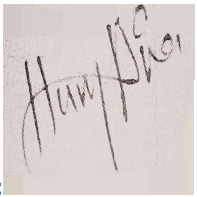
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
04-Jan-2025	Humaira	R50.9	Fever, unspecified	
04-Jan-2025	Humaira	J30.9	Allergic rhinitis, unspecified	
04-Jan-2025	Humaira	J02.9	Acute pharyngitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
BIOCIUM / (CALCIUM : 400 MG (VITAMIN D3 : 200 IU (MAGNESIUM : 100 MG (ZINC : 4 MG TABLETS ORAL / TABLETS (30S, BOX / Tablets	Take 1Tablets 1Time(s) perDay For 30 Day(s) after meal	30	30	
PROSPAN COUGH SYRUP / (HEDERA HELIX (IVY) : 7MG/ML) SYRUP HEDERA HELIX (IVY) [7MG/ML] / SYRUP (200ML, GLASS BOTTLE) / Syrup	Take 1Syrup 2 Time(s) per Day For 7 Day(s) others	7	14	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG|500 MG] / CAPLETS (24S, BOX) / Spray	Take 1Spray 4 Time(s) per Day For 7 Day(s) after meal	7	28	
OTRIVIN COMPLETE (OTRIVIN DUAL RELIEF) / (IPRATROPIUM BROMIDE MONOHYDRATE : 0.6 MG/ML) (XYLOMETAZOLINE HCL : 0.5 MG/ML) NASAL SPRAY IPRATROPIUM BROMIDE MONOHYDRATE/XYLOMETAZOLINE HCL [0.6 MG/ML|0.5 MG/ML] / NASAL SPRAY (10ML, HDPE BOTTLE METERED DOSE SPRAY PUMP) / Spray	Take 1Spray 1Time(s) perDay For 7 Day(s) after meal	7	1	
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 7 Day(s) after meal	7	14	
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 7 Day(s) evening	7	7	

Doctor Signature & Stamp :



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