Patient details

Date	:	04-Jan-2025 / 6:30PM - 6:45PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	45438 / RADHIYA ALI RAHIMI
Mobile #	:	971504641811
Gender / DOB/Age	:	Female /
Nationality	:	Emirati
Insurance / Card#	:	NEXTCARE CLAIMS MANAGEMENT LLC / 833E-488B-7686-B6F3
EMID #	:	784-1947-8615941-1

Medical Record details

Complaints

Complaints

pc : fever , sore throat ,headache , cough with sputum 2 days

htn taking meds

no other med conditions

o/e chest congested

hyperemia of pjarnyx

Past / Family / Social History

Past History	:	High Blood Pressure
Other Past History	:	HTN
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**	: 80	**BPD**	:	**Pulse**	: 86	**Height**	: 145 cm	**Weight**	: 57.6 kg
BMI	: 27.39596 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

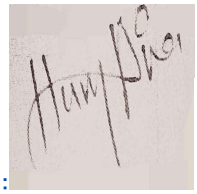
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
04-Jan-2025	Humaira	R05	Cough	
04-Jan-2025	Humaira	R50.9	Fever, unspecified	
04-Jan-2025	Humaira	J02.9	Acute pharyngitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG|500 MG] / CAPLETS (24S, BOX) / Syrup	Take 1Syrup 4 Time(s) per Day For 7 Day(s) after meal	7	28	
PROSPAN COUGH SYRUP / (HEDERA HELIX (IVY) : 7MG/ML) SYRUP HEDERA HELIX (IVY) [7MG/ML] / SYRUP (200ML, GLASS BOTTLE) / Syrup	Take 1Syrup 3 Time(s) per Day For 14 Day(s) after meal	14	42	
MOVEN 7.5MG / (MELOXICAM : 7.5 MG) CAPSULES MELOXICAM [7.5 MG] / CAPSULES (10S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 4 Day(s) after meal	4	4	
GUPISONE 20MG / (PREDNISOLONE : 20 MG) TABLETS PREDNISOLONE [20 MG] / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 3 Day(s) after meal	3	3	
CURAM / (AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, FOIL STRIP / Tablets	Take 1Tablets 2Time(s) perDay For 1 Day(s) after meal	1	2	
ARTIZ / (CETIRIZINE HCL : 10 MG FILM COATED TABLETS ORAL / 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
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.