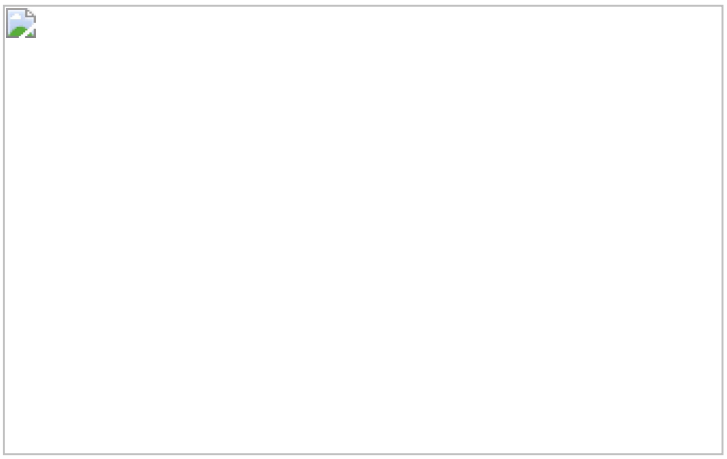
Patient details

Date	:	04-Jan-2025 / 9:00PM - 9:15PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	43305 / KARTHIKA KRISHNADAS KRISHNADAS KOTAIL CHANDRAN
Mobile #	:	0563651584
Gender / DOB/Age	:	Female / 29-Mar-2001
Nationality	:	Indian
Insurance / Card#	:	FMC Standard Network / I019-010-120763953-01
EMID #	:	784-2001-4186104-5



Medical Record details

Complaints

Complaints

pc : loose motion for two day

episode after taking meal

no other med conditions

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	: 36.9	**BPS**	: 74	**BPD**	:	**Pulse**	: 86	**Height**	: 151 cm	**Weight**	: 41.2 kg
BMI	: 18.06938 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK OF FALL										

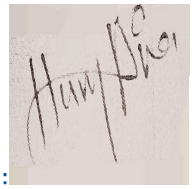
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
04-Jan-2025	Humaira	R19.7	Diarrhea, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ORS NEW / (TRISODIUM CITRATE DIHYDRATE : 0.58G) (POTASSIUM CHLORIDE : 0.3 G) (SODIUM CHLORIDE : 0.52 G) (DEXTROSE ANHYDROUS : 2.7 G) POWDER FOR SOLUTION TRISODIUM CITRATE DIHYDRATE/POTASSIUM CHLORIDE/SODIUM CHLORIDE/DEXTROSE ANHYDROUS [0.58G |0.3 G|0.52 G|2.7 G] / POWDER FOR SOLUTION (25 X 20.5G, SACHET) / Powder	Take 1Powder 1Time(s) perDay For 3 Day(s) others	3	1	
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 3 Day(s) after meal	3	6	
IMODIUM / (LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN) LOPERAMIDE [2 MG] / CAPSULES (HARD GELATIN) (6S, BLISTER PACK) / Tablets	2 caps stat then 1 cap after every stool	5	15	
FURAZOL / (DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS DILOXANIDE FUROATE/METRONIDAZOLE [250 MG|200 MG] / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2Time(s) perDay For 7 Day(s) after meal	7	14	

Doctor Signature & Stamp :



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