



Patient details

Date	:	05-Jan-2025 / 12:15PM - 12:30PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	45188 / MOHAMED SALIQ CHANELIPARAMBIL ABDUL KADER
Mobile #	:	0588878445
Gender / DOB/Age	:	Male / 23-Jan- 1976
Nationality	:	Indian
Insurance / Card#	:	E CARE - Blue Network / I022- 029-114351406-01
EMID #	:	784-1976- 9831916-3



**Photo
Not
Available**

Medical Record details

Complaints

Complaints

co fever on and off dry cough could not sleep in the night 1st jan. 2025

oe

chest is congested no added sounds

restless he is diabetic taking medicine

Past / Family / Social History

Past History : Diabetes

Other Past History : DM

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 : 70 BPD : Pulse : 86 Height : 163 cm Weight : 69 kg

BMI : 25.97012 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
05-Jan-2025	Humaira	R06.2	Wheezing	
05-Jan-2025	Humaira	K29.00	Acute gastritis without bleeding	
05-Jan-2025	Humaira	R05	Cough	
05-Jan-2025	Humaira	T78.40XA	Allergy, unspecified, initial encounter	
05-Jan-2025	Humaira	R50.9	Fever, unspecified	
05-Jan-2025	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE ORAL / SYRUP (SUGAR FREE (120ML, BOTTLE / Syrup	Take 10 ml 3 times in a day	1	1	
ADOL EXTRA / (CAFFEINE : 65 MG (PARACETAMOL : 500 MG CAPLETS ORAL / CAPLETS (24S, BOX / Tablets	Take 1Tablets 2 Time(s) per Day For 6 Day(s) others	6	12	
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN ORAL / CAPSULES (HARD GELATIN (14S, BLISTER / Capsule	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others	7	14	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG 875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablet at night	5	5	

Doctor Signature & Stamp :


