

**Patient details**

Date	:	05-Jan-2025 / 6:15PM - 6:30PM		
Doctor	:	Humaira(General)		
Reg # / Patient Name	:	34702 / FASSIH SISSAOUI		
Mobile #	:	971568038602		
Gender / DOB/Age	:	Male / 20-May-1985		
Nationality	:	Algerian		
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-115298087-01		
EMID #	:	784-1985-3960976-2		

Medical Record details**Complaints****Complaints**

co fever running nose dry cough sneezing 2nd jan. 2025

oe

chest is congested no added sounds

restless

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 : 37.8 BPS : 70 BPD : Pulse : 96 Height : 178 cm Weight : 92 kg

BMI : 29.03674 bpm **Respiratory** : 18 bpm **SpO2** : 97% **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	K29.00	Acute gastritis without bleeding	
05-Jan-2025	Humaira	R50.9	Fever, unspecified	
05-Jan-2025	Humaira	R05	Cough	
05-Jan-2025	Humaira	J30.9	Allergic rhinitis, unspecified	
05-Jan-2025	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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	
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	
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 :


