Patient details

Date	:	05-Jan-2025 / 7:30PM - 7:45PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	37741 / MICHEAL MWAKA
Mobile #	:	0552565080
Gender / DOB/Age	:	Male / 25-Dec-1983
Nationality	:	Ugandan
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-117628665-01
EMID #	:	784-1983-2058327-5

Medical Record details

Complaints

Complaints

co dehydration 2nd jan. 2025

oe chest is clear 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	: 37.2	**BPS**	: 80	**BPD**	:	**Pulse**	: 82	**Height**	: 177 cm	**Weight**	: 75.7 kg
BMI	: 24.16291 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 97%	**Hip**	: cm	**Waist**	: cm		

Head Circumference : cm

Urinalysis (Protein & Glucose) :

Notes : Risk of Fall

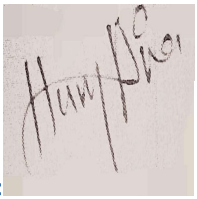
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
05-Jan-2025	Humaira	E86.0	Dehydration	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ORS - REDUCED OSMOLARITY (ORANGE FLAVOUR) / (ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION ORAL REHYDRATION SALTS (O.R.S.) [N/A] / POWDER FOR SOLUTION (10S, SACHET) / sachet	Take 1sachet 1Time(s) perDay For 3 Day(s) others	3	1	
CENTRUM WITH LUTEIN / (MULTIVITAMINS : N/A) (MINERALS : N/A) (LUTEIN : N/A) TABLETS MULTIVITAMINS/MINERALS/LUTEIN [N/A|N/A|N/A] / TABLETS (100S, PLASTIC BOTTLE) / Tablets	Take 1Tablets 1Time(s) perDay For 30 Day(s) Select Any	30	30	

Doctor Signature & Stamp :



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