

**Patient details**

Date	:	07-Jan-2025 / 2:45PM - 3:00PM		
Doctor	:	Humaira(General)		
Reg # / Patient Name	:	45470 / KHADER SBEITANI		
Mobile #	:	971542998026		
Gender / DOB/Age	:	Male / 03-May-1997		
Nationality	:	Canadian		
Insurance / Card#	:	NEXTCARE -RN / A92C-7BC0-8931-BF59		
EMID #	:	784-1997-4730517-7		

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

co fever on and off headache productive cough pain in throat itching 4th jan. 2025

oe chest is congested no added sounds

restless

shesha

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 : 36.2 **BPS** : 70 **BPD** : **Pulse** : 58 **Height** : 180 cm **Weight** : 67.9 kg
BMI : 20.95679 bpm **Respiratory** : 18 bpm **SpO2** : 98% **Hip** : cm **Waist** : cm
Head Circumference : cm
Urinalysis (Protein & Glucose) :
Notes : RISK FOR FALL

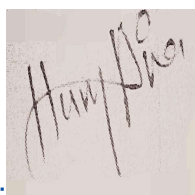
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
07-Jan-2025	Humaira	K29.00	Acute gastritis without bleeding	
07-Jan-2025	Humaira	R09.81	Nasal congestion	
07-Jan-2025	Humaira	R50.9	Fever, unspecified	
07-Jan-2025	Humaira	R05	Cough	
07-Jan-2025	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GERDIL 20 / (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) DELAYED RELEASE CAPSULES ESOMEPRAZOLE (AS MAGNESIUM) [20 MG] / DELAYED RELEASE CAPSULES (30S, CONTAINER) / Capsule	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others	7	14	
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 CAFFEINE/PARACETAMOL [65 MG 500 MG] / 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 :



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

