

Photo
Not
Available

Patient 44542 NOOOR MOHAMMED KHAN TAJ MOHAMMED KHAN 784-1997-6351403-3
 Repeat 28 Male Indian S INAYAH TPA LLC - National Life And General Insurance - Default Scheme (99999)
[Medical History \(patient_history.aspx?patId=54579\)](#)
[Billing History \(patient_accounts.aspx?patId=54579\)](#)

Appointment Visit ID **56738** 07-Jan-2025 Enomen Goodluck - General - DHA-P-28040827
[MRN Activities\(Log\)](#) Insurance Cards EMID Card

Vitals Alert This Patient has Vitals for Temp: 38°C, Pulse: 102bpm, BP: 121mmHg, Height: 172cm, Weight: 80.8kg, BMI 27.31(Obese), Blood Sugar



Pain Scale, Diagnosis, Procedures, Progress Notes, Prescription(if needed) and Clinical summaries(Vi

Start Time Nurse Station Doctor Evaluation Orthopedic Case Assessment ▼ Diagnosis
 Treatments/Procedures ▼ Packages Prescription Reimbursement Forms ▼ Documents
 Progress Notes Addendum INAYAH CLAIM FORM INAYAH TPA CLAIM FORM
 INAYAH REIMBURSEMENT FORM INAYAH REIMBURSEMENT CLAIM FORM Other Forms Sick Leave
 End Time Visit Summary Sheet Nabidh Clinical Docs Audit Log Radiology Laboratory
 Health Declaration Signed Documents Image Comparison

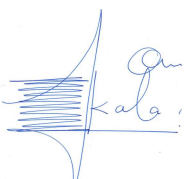
Date	Doctor	ICD Code	Diagnosis
07-Jan-2025	Enomen Goodluck	M79.18	Myalgia, other site
07-Jan-2025	Enomen Goodluck	R50.9	Fever, unspecified
07-Jan-2025	Enomen Goodluck	H65.03	Acute serous otitis media, bilateral
07-Jan-2025	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified

Prescription

Generic/Dose/Form	Instructions	Duration
AMYDRAMINE EXPECTORANT / (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP (SUGAR FREE) SODIUM CITRATE/AMMONIUM CHLORIDE/MENTHOL/DIPHENHYDRAMINE [57 MG/5ML 131.5 MG/5 ML 1.1 MG/5 ML 13.5 MG/5ML] / SYRUP (SUGAR FREE) (120ML, GLASS BOTTLE) / ML	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal	7

CEFIX / (CEFIXIME : 400 MG CAPSULES (HARD GELATIN ORAL / CAPSULES (HARD GELATIN (6S, BLISTER PACK / Tablets	Take 1Tablets 1 Time(s) per Day For 6 Day(s) after meal	6
GUPISONE 5MG / (PREDNISOLONE : 5 MG) TABLETS PREDNISOLONE [5 MG] / TABLETS (20S, BLISTER PACK) / Tablets	Take 2Tablets 1 Time(s) per Day For 7 Day(s) after meal	7
IBULIFE / (IBUPROFEN : 400 MG TABLETS ORAL / TABLETS (24S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 4 Day(s) after meal	4
LORINASE / (LORATADINE : 5 MG (PSEUDOEPHEDRINE SULPHATE : 120 MG TABLETS ORAL / TABLETS (14S, BLISTER PACK / Tablets	Take 1Tablets 2Time(s) perDay For 7 Day(s) after meal	7

Doctor Signature & Stamp :




 Print