

Photo
Not
Available

Patient

45474

CHANDRASEKARAN KALIPYAL SIVALINGAM

784-1991-5254304-9



First Time

34

Male

Sri Lankan

S

NAS VN - QATAR INSURANCE COMPANY -

Default Scheme (99999)

[Medical History \(patient_history.aspx?patId=55511\)](#)[Billing History \(patient_accounts.aspx?patId=55511\)](#)**Appointment****Visit ID 56764**

07-Jan-2025

Enomen Goodluck - General - DHA-P-28040827

[MRN Activities\(Log\)](#)

Insurance Cards



EMID Card

Vitals Alert

This Patient has Vitals for Temp: 36°C, Pulse: 85bpm, BP: 139mmHg, Height: 159cm, Weight: 62kg, BMI 24.52(Obese), Blood Sugar



Start Time Nurse Station Doctor Evaluation Orthopedic Case Assessment ▼ Diagnosis

Treatments/Procedures ▼ Packages Prescription Reimbursement Forms ▼ Documents

Progress Notes Addendum NAS REIMB Claim FORM NAS PRESCRIPTION Claim FORM NAS FORM

NAS ADVICE FORM Other Forms Sick Leave End Time Visit Summary Sheet

Nabidh Clinical Docs Audit Log Radiology Laboratory Health Declaration Signed Documents

Image Comparison

☐ Shift to L ☐ Upper ☐ Lower**CROSSBITE**☐ None☐ Present: # **TRAUMA:**☐ None ☐ Yes (teeth Involved) **Diagnosis**

Date	Doctor	ICD Code	Diagnosis
07-Jan-2025	Enomen Goodluck	J02.9	Acute pharyngitis, unspecified
07-Jan-2025	Enomen Goodluck	R50.9	Fever, unspecified
07-Jan-2025	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified
07-Jan-2025	Enomen	J06.9	Acute upper respiratory infection, unspecified

07 Jan 2025	Goodluck	500.0	acute upper respiratory infection, unspecified
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Prescription

Generic/Dose/Form	Instructions	D
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP BUTAMIRATE DIHYDROGEN CITRATE [0.15% W/V] / SYRUP (200ML, BOTTLE) / ML	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	7
FLUTAB / (DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal	1
GUPISONE 5MG / (PREDNISOLONE : 5 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) after meal	7

Doctor Signature & Stamp :



Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.



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