



Patient details

Date	:	09-Jan-2025 / 4:30PM - 4:45PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	45492 / SHAIENDRA SINGH
Mobile #	:	0547272256
Gender / DOB/Age	:	Male / 21-Jun- 1990
Nationality	:	Indian
Insurance / Card#	:	E CARE - Blue Network / I011- 029-121356706- 01
EMID #	:	784-1990- 8392587-7



**Photo
Not
Available**

Medical Record details

Complaints

Complaints

co fever on and off pain in throat dry cough itching in the throat taken t. penadol 3 hrs before

6th jan. 2025

oe chest is congested no added sounds

restless

smoker

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 : 36.6 **BPS** : 80 **BPD** : **Pulse** : 86 **Height** : 165 cm **Weight** : 73.2 kg
BMI : 26.88705 bpm **Respiratory** : 18 bpm **SpO2** : 98% **Hip** : cm **Waist** : cm
Head Circumference : cm
Urinalysis (Protein & Glucose) :
Notes : RISK FOR FALL

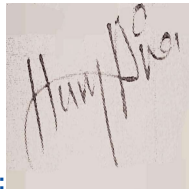
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
09-Jan-2025	Humaira	K29.00	Acute gastritis without bleeding	
09-Jan-2025	Humaira	R50.9	Fever, unspecified	
09-Jan-2025	Humaira	R05	Cough	
09-Jan-2025	Humaira	J30.9	Allergic rhinitis, unspecified	
09-Jan-2025	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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	
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 CAFFEINE/PARACETAMOL [65 MG 500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1Tablets 2 Time(s) per Day For 6 Day(s) others	6	12	
MACROMAX 500 / (AZITHROMYCIN : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (3S, BLISTER / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others	5	5	
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.

