



Patient details

Date	:	09-Jan-2025 / 8:15PM - 8:30PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	45494 / NAGABHISHEK BANGALORE
Mobile #	:	055552722
Gender / DOB/Age	:	Male / 22-Sep- 1995
Nationality	:	Indian
Insurance / Card#	:	E CARE - Blue Network / I005- 029-119344150- 04
EMID #	:	784-1995- 7180838-7



**Photo
Not
Available**

Medical Record details

Complaints

Complaints

fever, cough, runny nose, throat pain, generalized body pain

duration: 3 days

on exam: throat is inflamed, hyperemic.

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 : 37.5 BPS : 67 BPD : Pulse : 113 Height : 175 cm Weight : 83.3 kg

BMI : 27.2 bpm Respiratory : 18 bpm SpO2 : 96% Hip : cm Waist : cm

Head Circumference : cm

Urinalysis (Protein & Glucose) :

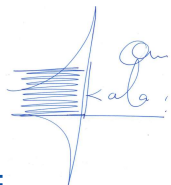
Notes : RISK OF FALL

Diagnosis

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

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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 SODIUM CITRATE/AMMONIUM CHLORIDE/MENTHOL/DIPHENHYDRAMINE [57 MG/5ML 131.5 MG/5 ML 1.1 MG/5 ML 13.5 MG/5ML] / SYRUP (120ML, BOTTLE) / ML	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal	7	1	
GUPISONE 5MG / (PREDNISOLONE : 5 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets	Take 2Tablets 1 Time(s) per Day For 7 Day(s) after meal	7	14	
MAXIGESIC / (IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (16S, BLISTER) / Tablets	Take 2Tablets 2 Time(s) per Day For 4 Day(s) after meal	4	16	
LORINASE / (LORATADINE : 5 MG) (PSEUDOEPHEDRINE SULPHATE : 120 MG) TABLETS LORATADINE/PSEUDOEPHEDRINE SULPHATE [5 MG 120 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
MACROMAX 500 / (AZITHROMYCIN : 500 MG) FILM COATED TABLETS AZITHROMYCIN [500 MG] / FILM COATED TABLETS (6S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal	5	5	



Doctor Signature & Stamp :

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

