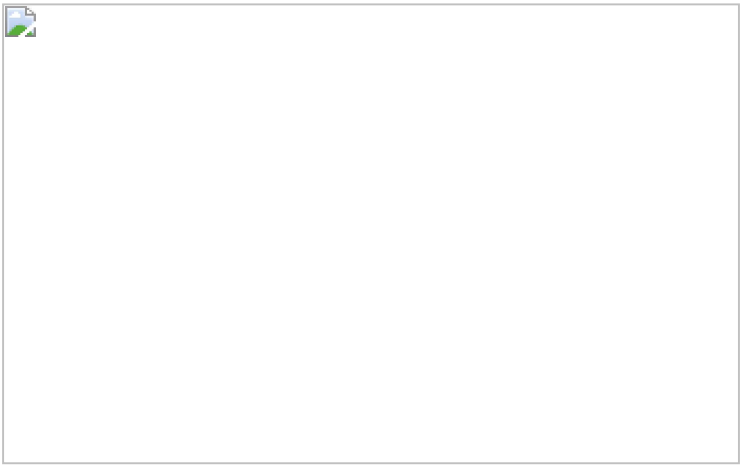
Patient details

Date	:	10-Jan-2025 / 1:00AM - 1:15AM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	38263 / ABDULRAHMAN MUSA BALA
Mobile #	:	0582130863
Gender / DOB/Age	:	Male / 20-Jul-1989
Nationality	:	Nigerian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-118180006-01
EMID #	:	784-1989-5021931-5



Medical Record details

Complaints

Complaints

PC: Nasal congestion, sneezing. and pain and redness on the tongue

duration: 3days.

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	: 36.5	**BPS**	: 74	**BPD**	:	**Pulse**	: 96	**Height**	: 166 cm	**Weight**	: 69 kg
BMI	: 25.03992 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 94%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										

Notes : risk of fall

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
10-Jan-2025	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
10-Jan-2025	Enomen Goodluck	J01.90	Acute sinusitis, unspecified	
10-Jan-2025	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
01:12:06	01:17:06	0005-149902-1021	CLOFEN	NA	NA	
01:12:06	01:17:06	0125-122107-1022	DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION	NA	NA	
01:12:06	01:17:06	96372	Intramuscular injection	NA	NA	
00:00:00	00:00:00	9	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
IBULIFE 400 / (IBUPROFEN : 400 MG) TABLETS IBUPROFEN [400 MG] / TABLETS (24S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 4 Day(s) others	4	8	
OTRIVIN (ADULT) / (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS XYLOMETAZOLINE HYDROCHLORIDE [0.1%] / NASAL DROPS (10ML, BOTTLE) / Drops	Take 2Drops 3 Time(s) per Day For 5 Day(s) others	5	1	
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	10	20	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1Time(s) perDay For 10 Day(s) after meal	10	10	

Doctor Signature & Stamp :

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