Patient details

Date	:	10-Jan-2025 / 5:45PM - 6:00PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	39929 / EI THANDAR MON
Mobile #	:	0547759474
Gender / DOB/Age	:	Female / 26-Nov-1995
Nationality	:	Myanmarese
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-119198444-01
EMID #	:	784-1995-4657776-0

Medical Record details

Complaints

Complaints

co dry cough pain in throat 7th jan. 2025

oe chest is congested no added sounds

restless

h/f asthma

Allergies

Allergy Type	Allergy Severity	Allergies	Allergy For	Physical Examination
		No Known Allergies	Unknown	

Vital Signs

Temperature	: 36.6	**BPS**	: 68	**BPD**	:	**Pulse**	: 86	**Height**	: 156 cm	**Weight**	: 61 kg
BMI	: 25.06575 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: risk of fall										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
10-Jan-2025	Humaira	R06.2	Wheezing	
10-Jan-2025	Humaira	R05	Cough	

Date	Doctor	ICD Code	Diagnosis	Notes
10-Jan-2025	Humaira	R07.0	Pain in throat	
10-Jan-2025	Humaira	J06.9	Acute upper respiratory infection, unspecified	

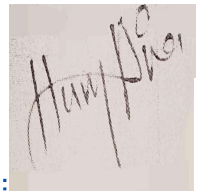
Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	94640	nebulization with ventoline solution	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
GUPISONE 5MG / (PREDNISOLONE : 5 MG) TABLETS PREDNISOLONE [5 MG] / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	
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	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablet at night	10	1	

Doctor Signature & Stamp :



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
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