



Patient details

Date	:	11-Jan-2025 / 11:15AM - 11:30AM		
Doctor	:	DR Amaizah(General)		
Reg # / Patient Name	:	45195 / QAMAR SHAHZAD MUHAMMAD YAQOOB		
Mobile #	:	0562393423		
Gender / DOB/Age	:	Male / 23-Mar- 1993		
Nationality	:	Pakistani		
Insurance / Card#	:	NAS - SRN WN / 8JFF-8AF2- C2C8-JCDE		
EMID #	:	784-1993- 3023607-8		

Medical Record details

Complaints

Complaints

pc : loss of appetite condipation , for many days

no other med conditions

Allergies

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

Vital Signs

Temperature : 36.6 BPS : 70 BPD : Pulse : 64 Height : 159 cm Weight : 51 kg
 BMI : 20.17325 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
11-Jan-2025	DR Amaizah	K59.04	Chronic idiopathic constipation	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GAVISCON / (ALUMINIUM HYDROXIDE : N/A) (SODIUM BICARBONATE : N/A) (ALGINIC ACID : N/A) (MAGNESIUM TRISILICATE : N/A) CHEWABLE TABLETS ALUMINIUM HYDROXIDE/SODIUM	Take 1Syrup 3 Time(s) per Day For 7 Day(s) others	7	21	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
BICARBONATE/ALGINIC ACID/MAGNESIUM TRISILICATE [N/AIN/AIN/AIN/A] / CHEWABLE TABLETS (12S, BOX) / Syrup				
DUPHALAC / (LACTULOSE : 66.7%) SYRUP LACTULOSE [66.7%] / SYRUP (300ML, PLASTIC BOTTLE) / Cream	15 ml 3 times	7	21	
BETAVAL-N / (BETAMETHASONE : 0.10% (NEOMYCIN : 0.5% OINTMENT TOPICAL / OINTMENT (15G, TUBE) / Cream	Take 1Cream 3 Time(s) per Day For 7 Day(s) others	7	21	

Doctor Signature & Stamp :

