



Patient details		
Date	:	11-Jan-2025 / 2:45PM - 3:00PM
Doctor	:	DR Amaizah(General)
Reg # / Patient Name	:	45510 / MARY KAY DELA CRUZ CELESTINO
Mobile #	:	582736551
Gender / DOB/Age	:	Female / 08-Jun-1993
Nationality	:	Philippine
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LW750029
EMID #	:	784-1993-6931315-2

Photo Not Available

Medical Record details

Complaints

pc : throat pain , sneezing ,bodyapin with fever 4 days

no other med conditions

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 : 38.3 BPS : 74 BPD : Pulse : 108 Height : 160 cm Weight : 70.2 kg

BMI : 27.42187 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
11-Jan-2025	DR Amaizah	R50.9	Fever, unspecified	
11-Jan-2025	DR Amaizah	J30.9	Allergic rhinitis, unspecified	
11-Jan-2025	DR Amaizah	J02.9	Acute pharyngitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MUCOPLEXIL 0.33MG/ML / (OXOMEMAZINE : 0.33 MG/ML) SYRUP OXOMEMAZINE [0.33 MG/ML] / SYRUP (150ML, PLASTIC BOTTLE) / Syrup	Take 1Syrup 2Time(s) perDay For 10 Day(s) others	10	1	
OTRIVIN COMPLETE (OTRIVIN DUAL RELIEF / (IPRATROPIUM BROMIDE MONOHYDRATE : 0.6 MG/ML (XYLOMETAZOLINE HCL : 0.5 MG/ML NASAL SPRAY NASAL / NASAL SPRAY (10ML, HDPE BOTTLE METERED DOSE SPRAY PUMP / Spray	Take 1Spray 2 Time(s) per Day For 5 Day(s) others	5	10	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG 500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1Tablets 4 Time(s) per Day For 5 Day(s) evening	5	20	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening	5	5	
CURAM / (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS AMOXICILLIN/CLAVULANIC ACID [500 MG 125 MG] / FILM COATED TABLETS (20S, FOIL STRIP) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	

Doctor Signature & Stamp :

