Patient 38922 SAROJ KUMAR DHAL NARAYAN DHAL 784-1999-4901988-1
Repeat 26 Male Indian S NAS VN - QATAR INSURANCE COMPANY - Default Scheme (99999)
Medical History (patient_history.aspx?patId=39947)
Billing History (patient_accounts.aspx?patId=39947)

Appointment Visit ID 56902 11-Jan-2025 SANDIA - Dermatology - DHA-P-65900212
MRN Activities(Log) Insurance Cards EMID Card

Vitals Alert This Patient has Vitals for Temp: 37°C, Pulse: 78bpm, BP: 146mmHg, Height: 168cm, Weight: 76kg, BMI 26.93(Obese), Blood Sugar

DHA Requirment : Ma

Start Time | Nurse Station | Doctor Evaluation | Diagnosis | Treatments/Procedures | Prescription | Reimbursement Forms | Documents | Progress Notes | Addendum | NAS REIMB Claim FORM | NAS PRESCRIPTION Claim FORM | NAS FORM | NAS ADVICE FORM | Derma Consent Forms | Other Forms | Sick Leave | End Time | Visit Summary Sheet | Nabidh Clinical Docs | Audit Log | Radiology | Laboratory | Health Declaration | Signed Documents | Image Comparison

Date	Doctor	ICD Code	Diagnosis
11-Jan-2025	SANDIA	R50.9	Fever, unspecified
11-Jan-2025	SANDIA	J30.9	Allergic rhinitis, unspecified
11-Jan-2025	SANDIA	J02.9	Acute pharyngitis, unspecified

Prescription

Generic/Dose/Form	Instructions	Duration
OTRIVIN COMPLETE (OTRIVIN DUAL RELIEF) / (IPRATROPIUM BROMIDE MONOHYDRATE : 0.6 MG/ML) (XYLOMETAZOLINE HCL : 0.5 MG/ML) NASAL SPRAY IPRATROPIUM BROMIDE MONOHYDRATE/XYLOMETAZOLINE HCL [0.6 MG/ML|0.5 MG/ML] / NASAL SPRAY (10ML, HDPE BOTTLE METERED DOSE SPRAY PUMP) / Spray	Take 1Spray 1Time(s) perDay For 5 Day(s) others	5
ZECUF HERBAL COUGH LOZENGES SUGAR FREE / (LEVOMENTHOL : 7 MG) (EMBLICA OFFICINALIS : 10 MG) (GLYCYRRHIZA GLABRA : 15 MG) (ZINGIBER OFFICINALE : 10 MG) LOZENGES LEVOMENTHOL/EMBLICA OFFICINALIS/GLYCYRRHIZA GLABRA/ZINGIBER OFFICINALE [7 MG|10 MG|15 MG|10 MG] / LOZENGES (24S, BLISTER) / Tablets	Take 1Tablets 3Time(s) perDay For 7 Day(s) others	7
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	Take 1Tablets 4 Time(s) per Day	7

CAFFEINE/PARACETAMOL [65 MG|500 MG] / CAPLETS (48S, BOX) / Tablets	For 7 Day(s) evening	
MUCOPLEXIL 0.33MG/ML / (OXOMEMAZINE : 0.33 MG/ML) SYRUP OXOMEMAZINE [0.33 MG/ML] / SYRUP (150ML, PLASTIC BOTTLE) / Tablets	Take 1Tablets 3 Time(s) per Day For 10 Day(s) evening	10
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 7 Day(s) evening	7
CEFPO 200 / (CEFPODOXIME (AS PROXETIL : 200 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (14S, BLISTER / Tablets	Take 1Tablets 1Time(s) perDay For 7 Day(s) after meal	7

Doctor Signature & Stamp :

Print