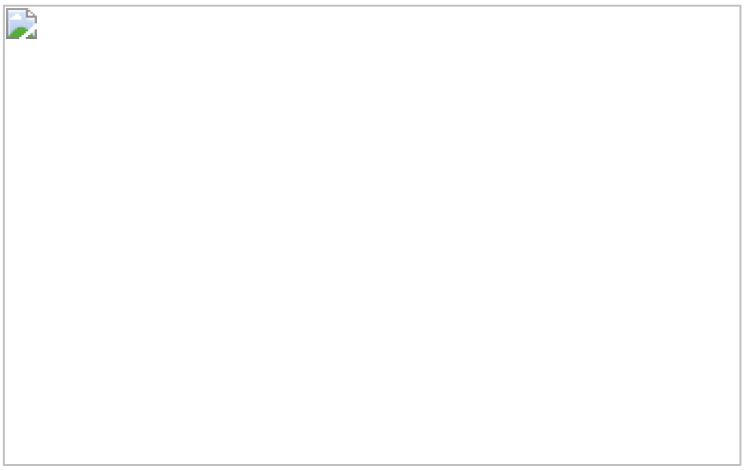
Patient details

Date	:	11-Jan-2025 / 4:30PM - 4:45PM
Doctor	:	SANDIA (Dermatology)
Reg # / Patient Name	:	45511 / MOHAMMAD HIAL MOHAMMAD IQBAL
Mobile #	:	05899183282
Gender / DOB/Age	:	Male / 27-Jul-2001
Nationality	:	Indian
Insurance / Card#	:	NAS VN / TMNL-3NMM-VMVM-5VAE
EMID #	:	784-2001-8759976-4



Medical Record details

Complaints

Complaints

pc : sneezing ,nasal congestion , cough with sputum , trouble breathing for many month ,,

no other medical conditions

family hx of asthma (mother)

no known allergies

bp is elevated ,

o/e ; throat clear

chest : wheezing

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	: 36.6	**BPS**	: 80	**BPD**	:	**Pulse**	: 102	**Height**	: 169 cm	**Weight**	: 54 kg
BMI	: 18.9069 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	SANDIA	J45.991	Cough variant asthma	
11-Jan-2025	SANDIA	Z82.5	Family history of asthma and oth chronic lower resp diseases	
11-Jan-2025	SANDIA	J30.9	Allergic rhinitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GUPISONE 5MG / (PREDNISOLONE : 5 MG TABLETS ORAL / TABLETS (40S, BLISTER / Tablets	Take 1Tablets 1Time(s) perDay For 7 Day(s) others	7	7	
PANA COUGH / (TRIPROLIDINE : 0.25 MG/ML) (GUAIFENESIN : 20 MG/ML) (PSEUDOEPHEDRINE : 6 MG/ML) SYRUP TRIPROLIDINE/GUAIFENESIN/PSEUDOEPHEDRINE [0.25 MG/ML|20 MG/ML|6 MG/ML] / SYRUP (200ML, BOTTLE) / Spray	Take 1Spray 3 Time(s) per Day 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 7 Day(s) others	7	14	
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	
MONTIKAR 10 / (MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS MONTELUKAST (AS SODIUM) [10 MG] / FILM COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 14 Day(s) after noon	14	14	

Doctor Signature & Stamp :