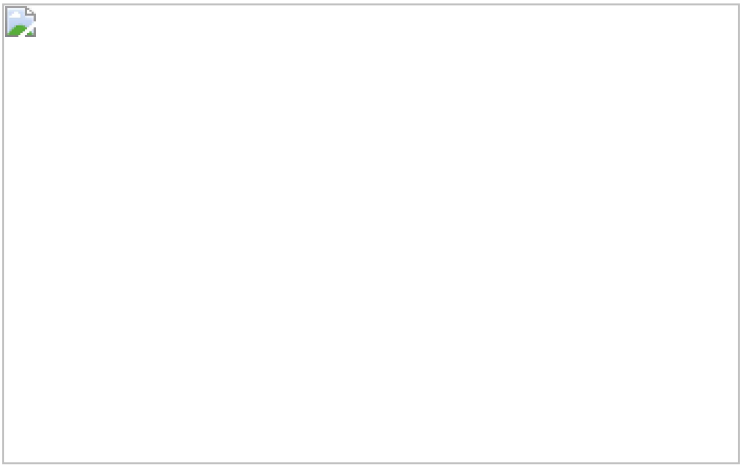
Patient details

Date	:	12-Jan-2025 / 12:45AM - 1:00AM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	44978 / SARTHAK RAKESH KUMAR
Mobile #	:	0555280563
Gender / DOB/Age	:	Male / 09-Jul-2000
Nationality	:	Indian
Insurance / Card#	:	NAS VN / IE1J-IJ12-C2CE-ICDE
EMID #	:	784-2000-2748954-9



Medical Record details

Complaints

Complaints

PC: Cough, pain in throat, nasal congestion, and fever.

Duration: 4 days

Vital Signs

Temperature	: 37.8	**BPS**	: 119	**BPD**	:	**Pulse**	: 86	**Height**	: 173 cm	**Weight**	: 80 kg
BMI	: 26.72993 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 96%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: RISK OF FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
12-Jan-2025	Enomen Goodluck	R06.7	Sneezing	
12-Jan-2025	Enomen Goodluck	R50.9	Fever, unspecified	
12-Jan-2025	Enomen Goodluck	J01.90	Acute sinusitis, unspecified	
12-Jan-2025	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
12-Jan-2025	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
01:07:09	02:17:09	96365	Iv Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr	NA	NA	
01:07:09	01:12:09	0005-149902-1021	CLOFEN	NA	NA	IM stat
01:07:09	01:17:09	0125-122107-1022	DEXAMETHASONE SODIUM PHOSPHATE	NA	NA	IV push
00:00:00	00:00:00	0005-111805-1021	CHLOROHISTOL 10MG	NA	NA	IV push
01:07:09	02:17:09	0195-107704-0801	CEFTRIAXONE-TABUK IV	NA	NA	IV infusion over 30mins
00:00:00	00:00:00	9	Consultation Gp			
01:07:09	01:12:09	96372	Therapeutic Prophylactic/Dx Injection Subq/Im	NA	NA	
01:07:09	01:17:09	96374	Ther Proph/Dx Njx Iv Push Single/1St Sbst/Drug	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
IBULIFE 400 / (IBUPROFEN : 400 MG TABLETS ORAL / TABLETS (24S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal	5	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) others	7	7	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
FLUTAB / (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS DIPHENHYDRAMINE/PARACETAMOL/PSEUDOEPHEDRINE [25 MG|500 MG|30 MG] / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V SYRUP ORAL / SYRUP (200ML, BOTTLE / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	1	

Doctor Signature & Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.