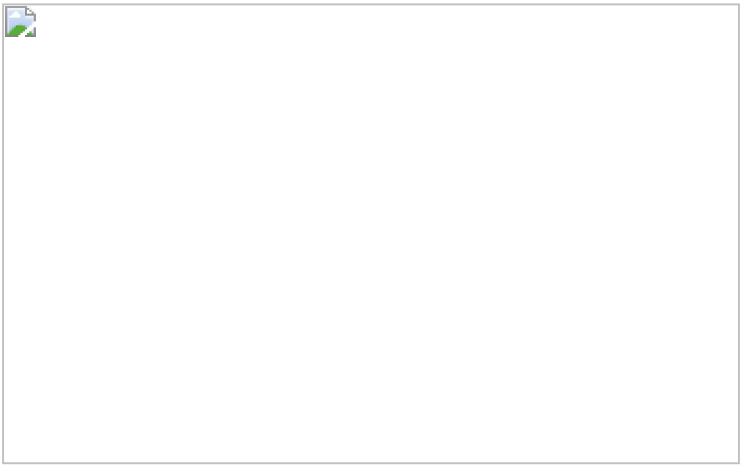
Patient details

Date	:	12-Jan-2025 / 9:30AM - 9:45AM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	44220 / Cecilia Francisco Abad
Mobile #	:	0501268089
Gender / DOB/Age	:	Female / 09-Jan-1986
Nationality	:	Philippine
Insurance / Card#	:	NEXTCARE -OP PCP / C7FB-23BB-2F53-1679
EMID #	:	784-1986-0819616-2



Medical Record details

Complaints

Complaints

PC: Inability to taste anything, inability to smell, nasal congestion, fever and upper back pain.

Duration: 4 days (8/12/2025).

Known hypertensive, but not diabetic.

Past / Family / Social History

Past History	:	High Blood Pressure
Other Past History	:	HTN
Family History	:	
Social History - Smoking	:	No
Social History - Alcohol	:	No
Surgical History	:	

Vital Signs

Temperature	: 37.9	**BPS**	: 90	**BPD**	:	**Pulse**	: 104	**Height**	: 151 cm	**Weight**	: 55 kg		
BMI	: 24.12175 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 94%	**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	M79.10	Myalgia, unspecified site	
12-Jan-2025	Enomen Goodluck	R50.9	Fever, unspecified	
12-Jan-2025	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified	
12-Jan-2025	Enomen Goodluck	J01.90	Acute sinusitis, unspecified	
12-Jan-2025	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GUPISONE 5MG / (PREDNISOLONE : 5 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 2Tablets 1 Time(s) per Day For 7 Day(s) evening	7	14	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1Time(s) perDay For 10 Day(s) evening	10	10	
AMYDRAMINE EXPECTORANT / (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP SODIUM CITRATE/AMMONIUM CHLORIDE/MENTHOL/DIPHENHYDRAMINE [57 MG/5ML|131.5 MG/5 ML|1.1 MG/5 ML|13.5 MG/5ML] / SYRUP (120ML, BOTTLE) / ML	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal	7	1	
FLUTAB / (DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal	10	20	
IBULIFE 400 / (IBUPROFEN : 400 MG TABLETS ORAL / TABLETS (24S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 4 Day(s) after meal	4	8	

Doctor Signature & Stamp :