Patient details

Date	:	12-Jan-2025 / 5:45PM - 6:00PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	45310 / AH PYONE PANN
Mobile #	:	971521358090
Gender / DOB/Age	:	Female / 05-May-2002
Nationality	:	Myanmarese
Insurance / Card#	:	FMC Standard Network / I005-010-121750350-01
EMID #	:	784-2002-1602800-9

Medical Record details

Complaints

Complaints

co fever on and off dry cough runnning nose body pain 7th jan . 2025

oe chest is clear no added vsounds

restless

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	: 37.4	**BPS**	: 86	**BPD**	:	**Pulse**	: 94	**Height**	: 153 cm	**Weight**	: 52 kg
BMI	: 22.21368 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK OF FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
12-Jan-2025	Humaira	K29.00	Acute gastritis without bleeding	
12-Jan-2025	Humaira	R50.9	Fever, unspecified	
12-Jan-2025	Humaira	R05	Cough	
12-Jan-2025	Humaira	J30.9	Allergic rhinitis, unspecified	
12-Jan-2025	Humaira	J06.9	Acute upper respiratory infection, unspecified	

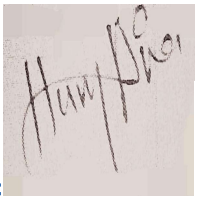
Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
06:45:00	07:30:00	2190-106618-1001	PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION	NA	NA	iv push
18:05:08	06:45:00	0195-107704-0801	CEFTRIAXONE-TABUK IV	NA	NA	iv infusion
18:05:08	06:45:00	96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	NA	NA	
18:05:08	06:10:00	96372	THER/PROPH/DIAG INJ SC/IM	NA	NA	
00:00:00	00:00:00	94640	AIRWAY INHALATION TREATMENT	NA	NA	
00:00:00	00:00:00	9	Consultation Gp	NA	NA	
00:00:00	00:00:00	96375	TX/PRO/DX INJ NEW DRUG ADDON	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE ORAL / SYRUP (SUGAR FREE (120ML, BOTTLE / Syrup	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal	1	1	
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN ORAL / CAPSULES (HARD GELATIN (14S, BLISTER / Capsule	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others	7	14	
ADOL EXTRA / (CAFFEINE : 65 MG (PARACETAMOL : 500 MG CAPLETS ORAL / CAPLETS (24S, BOX / Tablets	Take 1Tablets 2 Time(s) per Day For 6 Day(s) others	6	12	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
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 10 Day(s) others	10	10	

Doctor Signature & Stamp :



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
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DUBAI - U.A.E.