Patient details

Date	:	12-Jan-2025 / 11:15PM - 11:30PM
Doctor	:	SANDIA (Dermatology)
Reg # / Patient Name	:	44779 / Ramesh Topwal Singh
Mobile #	:	0563389038
Gender / DOB/Age	:	Male / 18-Jul-1989
Nationality	:	Indian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-121490872-01
EMID #	:	784-1989-6132091-2

Medical Record details

Complaints

Complaints

pc : fever , sneezing , for 2 days

no other complants

bp elevated

o/e hypermic pharynx

Vital Signs

Temperature	: 37	**BPS**	: 82	**BPD**	:	**Pulse**	: 97	**Height**	: 168 cm	**Weight**	: 78 kg		
BMI	: 27.63605 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm				
Head Circumference		:	cm										
Urinalysis (Protein & Glucose)		:											
Notes	: RISK OF FALL												

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
12-Jan-2025	SANDIA	R50.9	Fever, unspecified	
12-Jan-2025	SANDIA	J30.9	Allergic rhinitis, unspecified	
12-Jan-2025	SANDIA	J06.9	Acute upper respiratory infection, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
23:29:04	12:29:04	0011-106618-1001	(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION			
23:29:04	12:29:04	0195-107704-0801	CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION			iv
00:00:00	00:00:00	9	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	NA	NA	
00:00:00	00:00:00	94640	nebulization with ventoline solution	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MYDOCALM / (TOLPERISONE : 150 MG) SUGAR COATED TABLETS TOLPERISONE [150 MG] / SUGAR COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 2 Day(s) others	2	2	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG|500 MG] / CAPLETS (48S, BOX) / Tablets	Take 1Tablets 4 Time(s) per Day For 5 Day(s) others	5	20	
CURAM / (AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, FOIL STRIP / 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) evening	7	7	

Doctor Signature & Stamp :