



### Patient details

|                      |   |                                     |
|----------------------|---|-------------------------------------|
| Date                 | : | 13-Jan-2025 / 7:30PM - 7:45PM       |
| Doctor               | : | SANDIA (Dermatology)                |
| Reg # / Patient Name | : | 33294 / ANCHAL KANOJIA              |
| Mobile #             | : | 0524825035                          |
| Gender / DOB/Age     | : | Female / 01-Jan-1991                |
| Nationality          | : | Indian                              |
| Insurance / Card#    | : | NEXTCARE - RN / 6DEC-6F78-EDF7-5073 |
| EMID #               | : | 784-1991-3943710-9                  |



**Photo  
Not  
Available**

### Medical Record details

### Complaints

#### Complaints

pc : sneezing , cold , painful facial bone , for 1 week

no other medical conditions ,,

gaining weight after covid

thyroid hormones normal as per patient

### Allergies

| Allergy Type | Allergy Severity | Allergies          | Allergy For | Physical Examination |
|--------------|------------------|--------------------|-------------|----------------------|
|              |                  | No Known Allergies | Unknown     |                      |

### Vital Signs

|                    |            |             |          |      |       |       |       |        |          |        |         |
|--------------------|------------|-------------|----------|------|-------|-------|-------|--------|----------|--------|---------|
| Temperature        | : 36.9     | BPS         | : 86     | BPD  | :     | Pulse | : 106 | Height | : 159 cm | Weight | : 65 kg |
| BMI                | : 25.71101 | 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 |
|-------------|--------|----------|------------------------------------------------|-------|
| 13-Jan-2025 | SANDIA | R50.9    | Fever, unspecified                             |       |
| 13-Jan-2025 | SANDIA | J06.9    | Acute upper respiratory infection, unspecified |       |
| 13-Jan-2025 | SANDIA | J01.41   | Acute recurrent pansinusitis                   |       |

**Prescription**

| Generic/Dose/Form                                                                                                                                                                                                           | Instructions                                         | Duration | Quantity | Refill |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------|----------|--------|
| SYMBICORT TURBUHLER / (BUDESONIDE : 160 MCG) (FORMOTEROL FUMARATE : 4.5 MCG) POWDER FOR INHALATION<br>BUDESONIDE/FORMOTEROL FUMARATE [160 MCG   4.5 MCG] / POWDER FOR INHALATION (120 DOSE, METERED DOSE INHALER) / Tablets | Take 1Tablets 1 Time(s) per Day For 15 Day(s) others | 15       | 15       |        |
| MYDOCALM / (TOLPERISONE : 150 MG) SUGAR COATED TABLETS<br>TOLPERISONE [150 MG] / SUGAR COATED TABLETS (30S, BLISTER PACK) / Tablets                                                                                         | Take 1 Unit(s), 1 Time(s) per Day For 5 Day(s)       | 5        | 1        |        |
| 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 30 Day(s) others | 30       | 30       |        |
| ZAKON / (CEFPODOXIME (AS PROXETIL : 200 MG TABLETS ORAL / TABLETS (15S, 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 7 Day(s) others  | 7        | 7        |        |

**Doctor Signature & Stamp :**


Dr. Sandia Bhojwani  
General Practitioner  
DHA No: 65900212-001  
PESHAWAR MEDICAL CENTER LLC  
DUBAI - U.A.E.

