Patient details

Date	:	14-Jan-2025 / 4:00PM - 4:15PM
Doctor	:	SANDIA (Dermatology)
Reg # / Patient Name	:	39786 / PRIYA SAHU ARUN KUMAR SAHU
Mobile #	:	+919630911307
Gender / DOB/Age	:	Female / 13-Sep-1997
Nationality	:	Indian
Insurance / Card#	:	FMC Standard Network / I005-010-118997977-01
EMID #	:	784-1997-2652787-4

Medical Record details

Complaints

Complaints

c ; itching and irritation , around rt upper eye lid , started 2 weeks ago , gradually worsening

o/e swollen ,reddish dry rt upper eyelid

on meds for asthma

no other med conditions

Allergies

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

Vital Signs

Temperature	: 36.9	**BPS**	: 70	**BPD**	:	**Pulse**	: 82	**Height**	: 155 cm	**Weight**	: 56.4 kg
BMI	: 23.47555 bpm	**Respiratory**	: 24 bpm	**SpO2**	: 96%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										

Notes : risk of fall

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
14-Jan-2025	SANDIA	R21	Rash and other nonspecific skin eruption	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
BIOCIUM / (CALCIUM : 400 MG (VITAMIN D3 : 200 IU (MAGNESIUM : 100 MG (ZINC : 4 MG TABLETS ORAL / TABLETS (30S, BOX / Tablets	Take 1Tablets 1 Time(s) per Day For 30 Day(s) others	30	30	
DAIVOBET / (BETAMETHASONE : 0.5 MG/G (CALCIPOTRIOL : 50 MCG/G OINTMENT TOPICAL / OINTMENT (30G, COLLAPSIBLE TUBE / Tablets	Take 1Tablets 2 Time(s) per Day For 15 Day(s) others	15	1	
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) evening	10	10	

Doctor Signature & Stamp :