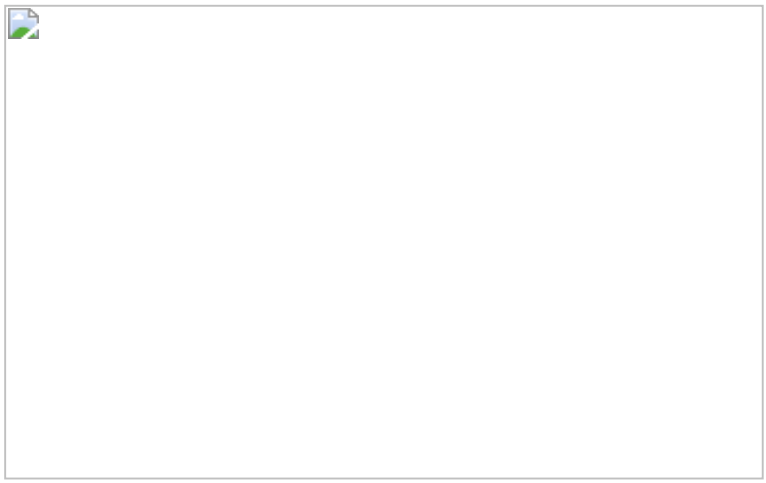
Patient details

Date	:	15-Jan-2025 / 4:15PM - 4:30PM
Doctor	:	SANDIA (Dermatology)
Reg # / Patient Name	:	39254 / SHAMNAS KOTTAYIL YOUSEF YOUSEF
Mobile #	:	0545479458
Gender / DOB/Age	:	Male / 15-Mar-1997
Nationality	:	Indian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-118933628-01
EMID #	:	784-1997-8649073-2



Medical Record details

Complaints

Complaints

pc : sore throat , cough which is dry , fever for 3 days

nasal congestion on and off

burning micturation for 1 week

no other med conditions

no drug allergies

o/e hyperemia of throat

chest clear

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	: 35.2	**BPS**	: 82	**BPD**	:	**Pulse**	: 86	**Height**	: 169 cm	**Weight**	: 80 kg
BMI	: 28.01022 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 96%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: RISK OF FALL										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
15-Jan-2025	SANDIA	R50.9	Fever, unspecified	
15-Jan-2025	SANDIA	J30.9	Allergic rhinitis, unspecified	
15-Jan-2025	SANDIA	J02.9	Acute pharyngitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
CISTIFLUX PLUS / (D-MANNOSE : 500 MG) (CRANBERRY : 3600 MG) SOLUBLE POWDER D-MANNOSE/CRANBERRY [500 MG|3600 MG] / SOLUBLE POWDER (8G X 14, SACHET) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
PANADOL ADVANCE / (PARACETAMOL : 500 MG) FILM COATED TABLETS PARACETAMOL [500 MG] / FILM COATED TABLETS (48S, BLISTER PACK) / Tablets	Take 1Tablets 3Time(s) perDay For 5 Day(s) others	5	15	
PANA COUGH / (TRIPROLIDINE : 0.25 MG/ML) (GUAIFENESIN : 20 MG/ML) (PSEUDOEPHEDRINE : 6 MG/ML) SYRUP TRIPROLIDINE/GUAIFENESIN/PSEUDOEPHEDRINE [0.25 MG/ML|20 MG/ML|6 MG/ML] / SYRUP (200ML, BOTTLE) / Syrup	Take 1Syrup 3 Time(s) per Day For 7 Day(s) others	7	21	
MONURIL 3G / (FOSFOMYCIN (AS TROMETAMOL : 3000 MG GRANULES ORAL / GRANULES (1S, SACHET / Tablets	Take 1Tablets 1 Time(s) per Day For 3 Day(s) after meal	3	3	
CURAM / (AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, FOIL STRIP / Tablets	Take 1Tablets 2Time(s) perDay For 7 Day(s) after meal	7	14	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1 Unit(s), 1 Time(s) per Day For 7 Day(s)	7	1	

Doctor Signature & Stamp :