Patient details

Date	:	17-Jan-2025 / 12:30AM - 12:45AM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	32982 / KOSSIVI EDEM AMOUZOU
Mobile #	:	0589238368
Gender / DOB/Age	:	Male / 25-Aug-1991
Nationality	:	Togolese
Insurance / Card#	:	NEXTCARE CLAIMS MANAGEMENT LLC / B157-EB50-CF4B-CA15
EMID #	:	784-1991-0694021-8

Medical Record details

Complaints

Complaints
cough,chest congestion,bodyache,flu,sneezing o/e there is chest congesion

Allergies

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

Vital Signs

Temperature	: 36.1	**BPS**	: 80	**BPD**	:	**Pulse**	: 66	**Height**	: 172 cm	**Weight**	: 86 kg
BMI	: 29.06977 bpm	**Respiratory**	: 22 bpm	**SpO2**	: 97%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: Risk of Fall										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
17-Jan-2025	Enomen Goodluck	R52	Pain, unspecified	
17-Jan-2025	Enomen Goodluck	R05	Cough	

Date	Doctor	ICD Code	Diagnosis	Notes
17-Jan-2025	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

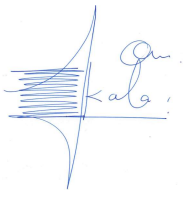
Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	0188-135906-2441	PULMICORT	NA	NA	
00:00:00	00:00:00	0195-107704-0801	CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION	NA	NA	
00:00:00	00:00:00	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	NA	NA	
00:00:00	00:00:00	94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)	NA	NA	
00:00:00	00:00:00	9	GP Consultation	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
CURAM / (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS AMOXICILLIN/CLAVULANIC ACID [500 MG|125 MG] / FILM COATED TABLETS (20S, FOIL STRIP) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	
PANADOL ADVANCE / (PARACETAMOL : 500 MG) FILM COATED TABLETS PARACETAMOL [500 MG] / FILM COATED TABLETS (96S, BLISTER PACK) / Tablets	Take 1Tablets 3 Time(s) per Day For 5 Day(s) others	5	15	
KLARFAST / (LORATADINE : 10 MG TABLETS ORAL / TABLETS (10S, BLISTER PACK / Tablets	Take 2Tablets 1 Time(s) per Day For 5 Day(s) others	5	10	
KUFDRIN / (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP SODIUM CITRATE/AMMONIUM CHLORIDE/MENTHOL/DIPHENHYDRAMINE HCL [57 MG/5ML|131.5 MG/5 ML|1.1 MG/5 ML|13.5 MG/5ML] / SYRUP (120ML, BOTTLE) / Syrup	Take 1Syrup 3 Time(s) per Day For 5 Day(s) others	5	15	

Doctor Signature & Stamp :



Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.