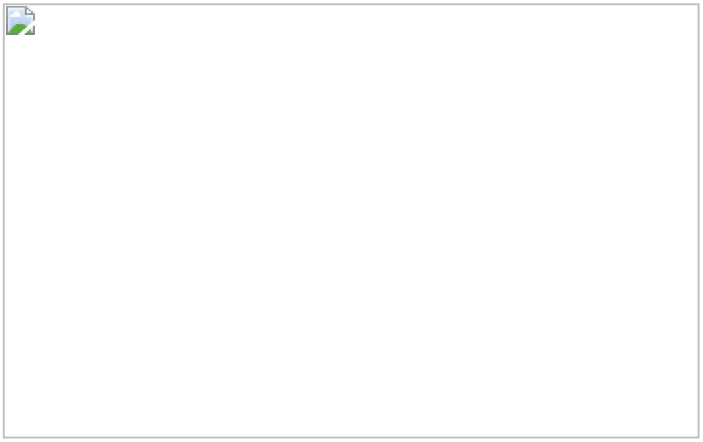
Patient details

Date	:	17-Jan-2025 / 12:00AM - 12:15AM
Doctor	:	SANDIA (Dermatology)
Reg # / Patient Name	:	45547 / MENNAALLAH MOHAMED ABDELSALAMABDELHAKIM
Mobile #	:	0586194899
Gender / DOB/Age	:	Female / 26-Jun-1995
Nationality	:	Egyptian
Insurance / Card#	:	NEXTCARE -OP PCP / 2727-E6DA-132C-06C9
EMID #	:	784-1995-3835815-3



Medical Record details

Complaints

Complaints

pc: vomitting , weakness , not taking any food

o/e : HR 120BPM

BP 100/60

LOOK PALE AND LETHARGIC

Vital Signs

Temperature	: 36.6	**BPS**	: 80	**BPD**	:	**Pulse**	: 78	**Height**	: 170 cm	**Weight**	: 80.1 kg
BMI	: 27.71626 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
17-Jan-2025	SANDIA	I95.9	Hypotension, unspecified	
17-Jan-2025	SANDIA	R11.2	Nausea with vomiting, unspecified	
17-Jan-2025	SANDIA	K29.00	Acute gastritis without bleeding	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
07:52:47	08:57:47	0102-152902-1001	LACTATED RINGERS INJECTION USP			

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
07:52:47	08:02:47	0005-150403-1021	PREMOSAN			
07:52:47	08:57:47	0102-100104-1001	SODIUM CHLORIDE & DEXTROSE B.P.			
07:52:47	08:57:47	0005-174202-0781	RISEK 40MG			
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	9	GP Consultation	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ORS NEW / (TRISODIUM CITRATE DIHYDRATE : 0.58G) (POTASSIUM CHLORIDE : 0.3 G) (SODIUM CHLORIDE : 0.52 G) (DEXTROSE ANHYDROUS : 2.7 G) POWDER FOR SOLUTION TRISODIUM CITRATE DIHYDRATE/POTASSIUM CHLORIDE/SODIUM CHLORIDE/DEXTROSE ANHYDROUS [0.58G |0.3 G|0.52 G|2.7 G] / POWDER FOR SOLUTION (25 X 20.5G, SACHET) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others	5	5	
PREMOSAN / (METOCLOPRAMIDE : 10 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 1 Time(s) per Day For 4 Day(s) others	4	4	

Doctor Signature & Stamp :