



## Patient details

|                      |   |                                                      |
|----------------------|---|------------------------------------------------------|
| Date                 | : | 17-Jan-2025 / 9:30PM - 9:45PM                        |
| Doctor               | : | SANDIA (Dermatology)                                 |
| Reg # / Patient Name | : | 38863 / MARTINA MELIS                                |
| Mobile #             | : | 971564715060                                         |
| Gender / DOB/Age     | : | Female / 26-Jun-1987                                 |
| Nationality          | : | Italian                                              |
| Insurance / Card#    | : | NEXTCARE CLAIMS MANAGEMENT LLC / 403F-75E6-0A15-8AD1 |
| EMID #               | : | 784-1987-0375308-1                                   |



**Photo  
Not  
Available**

## Medical Record details

Complaints

## Complaints

pc: burning pain on right thumb redness and rash is there for last 1 day

Allergies

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

Vital Signs

Temperature : 36.2      BPS : 74      BPD :      Pulse : 68      Height : 165 cm      Weight : 69 kg  
 BMI : 25.34435 bpm      Respiratory : 18 bpm      SpO2 : 99%      Hip : cm      Waist : cm  
 Head Circumference : cm  
 Urinalysis (Protein & Glucose) :  
 Notes : RISK FOR FALL

Diagnosis

| Date        | Doctor | ICD Code | Diagnosis                                | Notes |
|-------------|--------|----------|------------------------------------------|-------|
| 17-Jan-2025 | SANDIA | R21      | Rash and other nonspecific skin eruption |       |
| 17-Jan-2025 | SANDIA | M25.541  | Pain in joints of right hand             |       |

**Treatments**

| Start Time | End Time | CPT Code | Treatment       | Teeth No | Surface | Notes |
|------------|----------|----------|-----------------|----------|---------|-------|
| 00:00:00   | 00:00:00 | 9        | GP Consultation | NA       | NA      |       |
|            |          |          |                 |          |         |       |

**Prescription**

| Generic/Dose/Form                                                                                                                       | Instructions                                      | Duration | Quantity | Refill |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------|----------|--------|
| VOLTAREN EMULGEL 12 HOURS / (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL DICLOFENAC DIETHYLAMINE [23.2 MG / G] / GEL (50G, TUBE) / Cream | Take 1Cream 2 Time(s) per Day For 5 Day(s) others | 5        | 1        |        |

Doctor Signature &amp; Stamp :

