Patient details

Date	:	17-Jan-2025 / 11:30PM - 11:45PM
Doctor	:	SANDIA (Dermatology)
Reg # / Patient Name	:	45569 / Aryachandran Panayullakandypoyilil Karinthorammal
Mobile #	:	0544691474
Gender / DOB/Age	:	Female / 02-Oct-1997
Nationality	:	Indian
Insurance / Card#	:	AL MADALLAH RN4 / 1751636
EMID #	:	784-1997-2275934-9

Medical Record details

Complaints

Complaints

pc: stomach pain 3 days back 15/1/2025

vomiting

nausea

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	: 36.6	**BPS**	: 80	**BPD**	:	**Pulse**	: 80	**Height**	: 160 cm	**Weight**	: 61 kg		
BMI	: 23.82813 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	R11.2	Nausea with vomiting, unspecified	
17-Jan-2025	SANDIA	K21.9	Gastro-esophageal reflux disease without esophagitis	
17-Jan-2025	SANDIA	K29.00	Acute gastritis without bleeding	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
23:57:56	12:02:56	0005-136504-1021	SCOPINAL	NA	NA	im stat
23:57:56	01:02:56	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	NA	NA	
23:57:56	12:02:56	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	NA	NA	
23:57:56	01:02:56	0005-150403-1021	PREMOSAN	NA	NA	
00:00:00	00:00:00	9	Consultation GP	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
GASTOP 250MG CAPSULES / (SIMETHICONE : 250 MG) CAPSULES SIMETHICONE [250 MG] / CAPSULES (30S, BLISTER) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
HYCOM / (HYOSCINE : 10 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
PREMOSAN / (METOCLOPRAMIDE : 10 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	

Doctor Signature & Stamp :