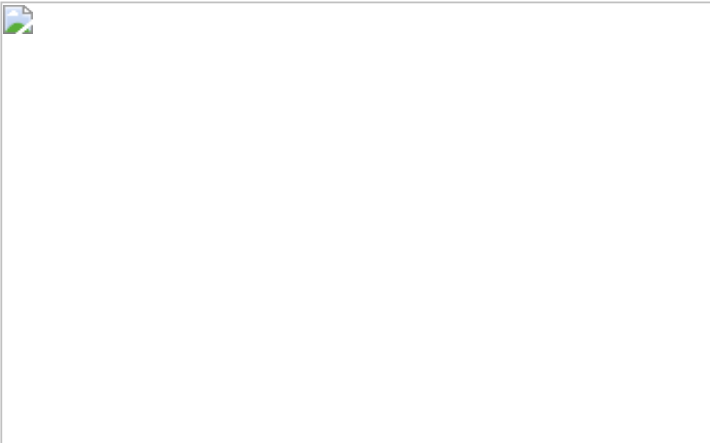




Patient details

Date	:	18-Jan-2025 / 7:00PM - 7:15PM		
Doctor	:	Humaira(General)		
Reg # / Patient Name	:	26200 / INDIKA PRASAD RANASINGHA PERAKOTUWE WEDARALLAGE		
Mobile #	:	524933547		
Gender / DOB/Age	:	Male / 01-Jan-1983		
Nationality	:	Sri Lankan		
Insurance / Card#	:	FMC Standard Network / I005-010-116122251-01		
EMID #	:	784-1982-3043518-6		

Medical Record details

Complaints

Complaints co back pain 11 jan.2025 house oe muscle strain chest is clear no added sounds restlee

Vital Signs

Temperature : 36 BPS : 74 BPD : Pulse : 70 Height : 163 cm Weight : 70 kg
 BMI : 26.34649 bpm Respiratory : 18 bpm SpO2 : 97% Hip : cm Waist : cm
 Head Circumference : cm
 Urinalysis (Protein & Glucose) :
 Notes : risk of fall

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
18-Jan-2025	Humaira	R52	Pain, unspecified	
18-Jan-2025	Humaira	M62.830	Muscle spasm of back	

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 (100G, TUBE) / Gel	Take 1Gel 1Time(s) perDay For 1 Day(s) others	1	1	
BRUFEN 600 / (IBUPROFEN : 600 MG) FILM COATED TABLETS IBUPROFEN [600 MG] / FILM COATED TABLETS (30S, BLISTER	Take 1Tablets 2 Time(s) per Day For 5 Day(s)	5	10	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
PACK) / Tablets	others			
MYDOCALM / (TOLPERISONE : 150 MG) SUGAR COATED TABLETS TOLPERISONE [150 MG] / SUGAR COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	

Doctor Signature & Stamp :

