Patient details

Date	:	20-Jan-2025 / 1:00AM - 1:15AM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	31398 / SIDDIQUE AHMED ABDUL KODDUS
Mobile #	:	581998073
Gender / DOB/Age	:	Male / 01-Jan-1987
Nationality	:	Bangladeshi
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-118180126-01
EMID #	:	784-1986-3262607-7

Medical Record details

Complaints

Complaints

history of headache since 2 days,today knew about high blood pressure,and boil in groin region.

on examination there is redness and pus in boil in groin region

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	: 36.3	**BPS**	: 100	**BPD**	:	**Pulse**	: 76	**Height**	: 165 cm	**Weight**	: 67 kg
BMI	: 24.60973 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
20-Jan-2025	Enomen Goodluck	M1A.3221	Chronic gout due to renal impairment, left elbow, w tophus	
20-Jan-2025	Enomen Goodluck	L02.234	Carbuncle of groin	
20-Jan-2025	Enomen Goodluck	I10	Essential (primary) hypertension	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
01:28:08	01:33:08	0005-149902-1021	CLOFEN	NA	NA	
01:28:08	01:33:08	96372	Intramuscular injection	NA	NA	
01:28:08	01:33:08	9	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
FUSIDERM / (FUSIDIC ACID : 2% CREAM TOPICAL / CREAM (15G, TUBE / Cream	Take 1Cream 2 Time(s) per Day For 7 Day(s) others	7	14	
KLARFAST / (LORATADINE : 10 MG TABLETS ORAL / TABLETS (10S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	
DOXINE / (DOXYCYCLINE : 100 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (500S, BOTTLE / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others	5	5	
NOPAIN DS / (NAPROXEN : 500 MG TABLETS ORAL / TABLETS (10S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	
AMNORA 10 / (AMLODIPINE (AS BESYLATE : 10 MG TABLETS ORAL / TABLETS (30S, BLISTER / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening	5	5	

Doctor Signature & Stamp :

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