

**Patient details**

Date	:	12-Jan-2025 / 7:30PM - 7:45PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	43783 / Diala Safwan Saleh
Mobile #	:	0526887750
Gender / DOB/Age	:	Female / 16-Aug-1997
Nationality	:	Lebanese
Insurance / Card#	:	AAFIYA MEDICAL BILLING SERVICES LLC / I007-026-119188073-01
EMID #	:	784-1997-5239640-0



**Photo
Not
Available**

Medical Record details**Complaints****Complaints**

CO SWEATING WEAK LETHARGY 9TH JAN . 2025

OE chest is clear no added sounds

restless

Allergies

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

Vital Signs

Temperature : 37.3 BPS : 70 BPD : Pulse : 72 Height : 158 cm Weight : 61 kg

BMI : 24.43519 bpm Respiratory : 18 bpm SpO2 : 98% Hip : cm Waist : cm

Head Circumference : cm

Urinalysis (Protein & Glucose) :

Notes : RISK FOR FALL

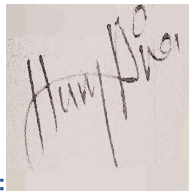
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
12-Jan-2025	Humaira	E86.0	Dehydration	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	9	GP Consultation	NA	NA	
00:00:00	00:00:00	96365	IV INFUSION THERAPY -Antibiotics & Others			

Doctor Signature & Stamp :



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

