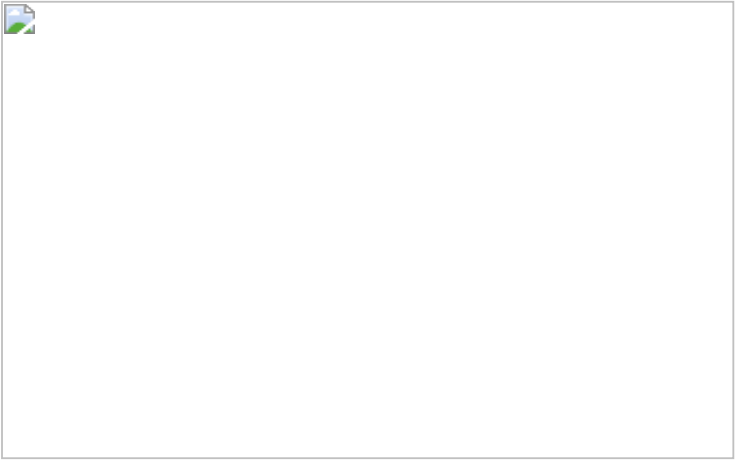




## Patient details

|                             |   |                                    |                                                                                    |                                                                                     |
|-----------------------------|---|------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>Date</b>                 | : | 20-Jan-2025 / 3:00PM - 3:15PM      |  |  |
| <b>Doctor</b>               | : | SANDIA (Dermatology)               |                                                                                    |                                                                                     |
| <b>Reg # / Patient Name</b> | : | 45594 / UTTAM NAND KISHOR          |                                                                                    |                                                                                     |
| <b>Mobile #</b>             | : | 0509105119                         |                                                                                    |                                                                                     |
| <b>Gender / DOB/Age</b>     | : | Male / 14-Sep-1991                 |                                                                                    |                                                                                     |
| <b>Nationality</b>          | : | Indian                             |                                                                                    |                                                                                     |
| <b>Insurance / Card#</b>    | : | NAS - SRN WN / IAE2-GEE2-C2CE-JCDE |                                                                                    |                                                                                     |
| <b>EMID #</b>               | : | 784-1991-1515072-6                 |                                                                                    |                                                                                     |

## Medical Record details

**Complaints****Complaints**

pc : painful swelling of scrotum after lifting heavy object

not associated with fever

bp is elevated

no other med conditions

o/e : cystic swelling of scrotum rt side

**Allergies**

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

**Vital Signs**

**Temperature** : 36.7      **BPS** : 83      **BPD** :      **Pulse** : 80      **Height** : 167 cm      **Weight** : 87 kg  
**BMI** : 31.1951 bpm      **Respiratory** : 18 bpm      **SpO2** : 99%      **Hip** : cm      **Waist** : cm  
**Head Circumference** : cm  
**Urinalysis (Protein & Glucose)** :  
**Notes** : risk of fall

**Diagnosis**

| Date        | Doctor | ICD Code | Diagnosis    | Notes |
|-------------|--------|----------|--------------|-------|
| 20-Jan-2025 | SANDIA | N45.1    | Epididymitis |       |

| Date        | Doctor | ICD Code | Diagnosis    | Notes |
|-------------|--------|----------|--------------|-------|
| 20-Jan-2025 | SANDIA | N50.82   | Scrotal pain |       |

## Prescription

| Generic/Dose/Form                                                                              | Instructions                                        | Duration | Quantity | Refill |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------|----------|--------|
| NOPAIN / (NAPROXEN : 250 MG) TABLETS NAPROXEN [250 MG] / TABLETS (20S, BLISTER PACK) / Tablets | Take 1Tablets 1 Time(s) per Day For 7 Day(s) others | 7        | 7        |        |
| CELEBREX 200MG / (CELECOXIB : 200 MG CAPSULES ORAL / CAPSULES (30S, BLISTER PACK) / Tablets    | Take 1Tablets 1 Time(s) per Day For 5 Day(s) others | 5        | 5        |        |
| MAXILASE TABLETS / (SERRATIOPEPTIDASE : 10 MG TABLETS ORAL / TABLETS (30S, BLISTER / Tablets   | Take 1Tablets 1 Time(s) per Day For 5 Day(s) others | 5        | 5        |        |

## Progress Notes

| Date        | Notes                                                                                                                | Visit Plan | Other Instructions | Made By | Date Recorded        |
|-------------|----------------------------------------------------------------------------------------------------------------------|------------|--------------------|---------|----------------------|
| 20-Jan-2025 | scrotal swelling and inflammation , difficulty in walking , taking treatment , it is advised to take rest for 2 days |            |                    | Nidhish | 20-Jan-2025 15:17:46 |

Doctor Signature & Stamp :

