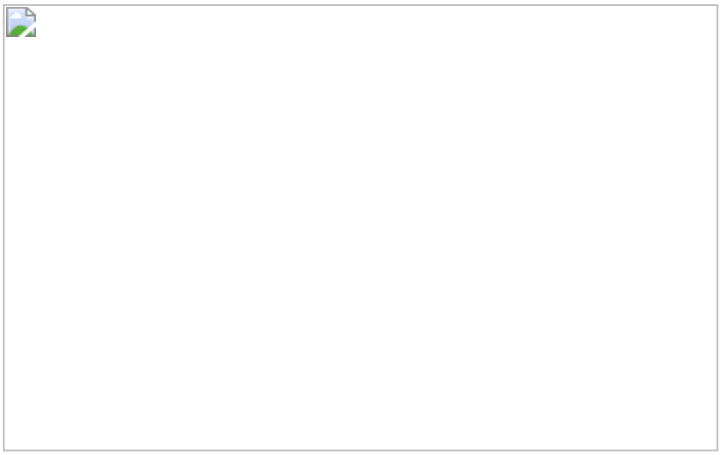
Patient details

Date	:	20-Jan-2025 / 6:45PM - 7:00PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	44721 / charlotte samantha
Mobile #	:	0506893097
Gender / DOB/Age	:	Female / 30-Jan-2000
Nationality	:	United Nations
Insurance / Card#	:	E CARE - Blue Network / I035-029-120647414-01
EMID #	:	784-2000-5965908-4



Medical Record details

Complaints

Complaints

co fever on and off dry cough running nose 15th jan. 2025

Exfoliating lesions on the surface of the 2nd, 3rd and 4th toe of left leg.

oe chest is congested no added sounds

restless

Vital Signs

Temperature	: 36.8	**BPS**	: 71	**BPD**	:	**Pulse**	: 102	**Height**	: 168 cm	**Weight**	: 81 kg
BMI	: 28.69898 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: risk of fall										

Diagnosis

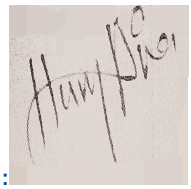
Date	Doctor	ICD Code	Diagnosis	Notes
20-Jan-2025	Humaira	K29.00	Acute gastritis without bleeding	
20-Jan-2025	Humaira	L30.9	Dermatitis, unspecified	
20-Jan-2025	Humaira	R50.9	Fever, unspecified	
20-Jan-2025	Humaira	R05	Cough	
20-Jan-2025	Humaira	J30.9	Allergic rhinitis, unspecified	
20-Jan-2025	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
BETNOVATE CREAM / (BETAMETHASONE : 0.1%) CREAM BETAMETHASONE [0.1%] / CREAM (30G, TUBE) / Cream	Take 1Cream 1Time(s) perDay For 1 Day(s)	1	1	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
	others			
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE ORAL / SYRUP (SUGAR FREE (120ML, BOTTLE / Syrup	Take 10ML 3 Time(s) per Day For 7 Day(s) others	1	1	
GERDIL 40 / (ESOMEPRAZOLE (AS MAGNESIUM) : 40 MG) DELAYED RELEASE CAPSULES ESOMEPRAZOLE (AS MAGNESIUM) [40 MG] / DELAYED RELEASE CAPSULES (30S, CONTAINER) / Capsule	Take 1Capsule 1 Time(s) per Day For 7 Day(s) others	7	7	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG|500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1Tablets 2 Time(s) per Day For 6 Day(s) others	6	12	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablet at night	5	5	

Doctor Signature & Stamp :



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