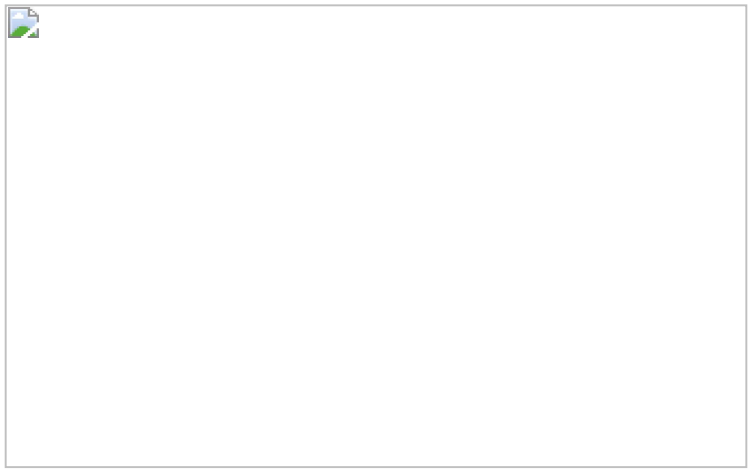
Patient details

Date	:	20-Jan-2025 / 9:45PM - 10:00PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	43445 / ABDULLAH RASHEED
Mobile #	:	0558057204
Gender / DOB/Age	:	Male / 05-Oct-1987
Nationality	:	Pakistani
Insurance / Card#	:	NAS - SRN WN / CI49-I94C-DCDG-9DEA
EMID #	:	784-1987-3246139-1



Medical Record details

Complaints

Complaints

co fever dry cough runnning nose 18th jan. 2025

oe chest is congested no added sounds

restless

Vital Signs

Temperature	: 38.2	**BPS**	: 88	**BPD**	:	**Pulse**	: 114	**Height**	: 163 cm	**Weight**	: 80 kg		
BMI	: 30.11028 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	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	

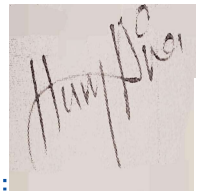
Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	85025	Blood Count Complete Auto&Auto Difrntl Wbc Count	NA	NA	
00:00:00	00:00:00	86140	C-Reactive Protein	NA	NA	
22:20:32	11:20:00	0195-107704-0801	CEFTRIAXONE-TABUK IV			iv infusion
11:20:00	12:15:00	2190-106618-1001	PARAFUSIV I.V. 10MG/ML			iv infusion
22:20:32	10:23:00	0005-149902-1021	CLOFEN			im
22:20:32	11:20:00	96365	Iv Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr	NA	NA	
22:20:32	10:23:00	96372	Therapeutic Prophylactic/Dx Injection Subq/Im	NA	NA	
00:00:00	00:00:00	0188-135906-2441	PULMICORT			
00:00:00	00:00:00	94640	Pressurized/Nonpressurized Inhalation Treatment	NA	NA	
00:00:00	00:00:00	9	Consultation Gp	NA	NA	
11:20:00	12:15:00	96367	Iv Infusion Ther Proph Addl Sequential To 1 Hr	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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) after meal	1	1	
GERDIL 40 / (ESOMEPRAZOLE (AS MAGNESIUM) : 40 MG) DELAYED RELEASE CAPSULES ESOMEPRAZOLE (AS MAGNESIUM) [40 MG] / DELAYED RELEASE CAPSULES (30S, CONTAINER) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
ADOL EXTRA / (CAFFEINE : 65 MG (PARACETAMOL : 500 MG CAPLETS ORAL / 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.