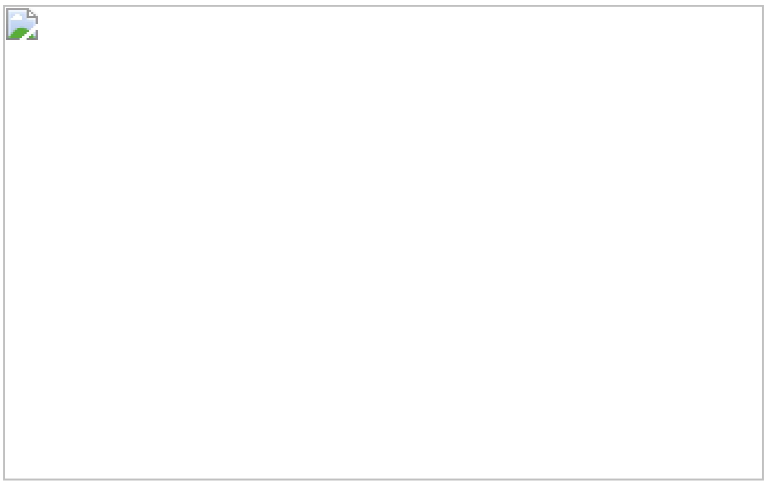
Patient details

Date	:	21-Jan-2025 / 9:30AM - 9:45AM
Doctor	:	SANDIA (Dermatology)
Reg # / Patient Name	:	45484 / SUMERA KHAN
Mobile #	:	0585216824
Gender / DOB/Age	:	Female / 20-Apr-1990
Nationality	:	United Nations
Insurance / Card#	:	AAFIYA MEDICAL BILLING SERVICES LLC / I022-026-121764865-01
EMID #	:	784-1990-6749676-2



Medical Record details

Complaints

Complaints

pc : cough , trouble breathing .chest tightness on and off from january, fever , for 1 week

known asthmatic on inhaler for few years

o/e : wheezing all over chest

Vital Signs

Temperature	: 37	**BPS**	: 67	**BPD**	:	**Pulse**	: 86	**Height**	: 156 cm	**Weight**	: 89 kg
BMI	: 36.57133 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 97%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: risk of fall										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
21-Jan-2025	SANDIA	J45.21	Mild intermittent asthma with (acute) exacerbation	
21-Jan-2025	SANDIA	J45.991	Cough variant asthma	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	INJ016	INJ-HYDROCORTISONE 250 MG/2ML			iv infusion slow
00:00:00	00:00:00	9	GP Consultation	NA	NA	
00:00:00	00:00:00	96374	INJECTION SERVICE-IV			

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MUCOLYTE / (BROMHEXINE HYDROCHLORIDE : 4 MG/5ML) SYRUP BROMHEXINE HYDROCHLORIDE [4 MG/5ML] / SYRUP (100ML, BOTTLE) / Syrup	Take 1Syrup 2 Time(s) per Day For 7 Day(s) after meal	7	14	
SYMBICORT TURBUHLER / (BUDESONIDE : 160 MCG) (FORMOTEROL FUMARATE : 4.5 MCG) POWDER FOR INHALATION BUDESONIDE/FORMOTEROL FUMARATE [160 MCG|4.5 MCG] / POWDER FOR INHALATION (120 DOSE, METERED DOSE INHALER) / Puff	Take 1Puff 2 Time(s) per Day For 15 Day(s) after meal	15	1	
LUKAST 10MG / (MONTELUKAST (AS SODIUM : 10 MG TABLETS ORAL / TABLETS (30S, BLISTER / Tablets	Take 1Tablets 1 Time(s) per Day For 15 Day(s) evening	15	15	
PULMICORT / (BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION BUDESONIDE [0.5 MG/ML] / SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT) / Solution	Take 1Solution 2Time(s) perDay For 1 Day(s) others	1	1	

Doctor Signature & Stamp :