Patient details

Date	:	21-Jan-2025 / 10:15PM - 10:30PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	36257 / MAHEERA KHAN ROHAN KHAN
Mobile #	:	0566242972
Gender / DOB/Age	:	Female / 16-Oct-1996
Nationality	:	Pakistani
Insurance / Card#	:	NAS - RN,RN+ / 1291-A1CC-DCDG-9DEA
EMID #	:	784-1996-9949965-5

Photo Not Available

Medical Record details

Complaints

Complaints

co pusy nodule on the thumb

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	: 36.5	**BPS**	: 80	**BPD**	:	**Pulse**	: 78	**Height**	: 168 cm	**Weight**	: 86 kg
BMI	: 30.47052 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	Humaira	L02.91	Cutaneous abscess, unspecified	
21-Jan-2025	Humaira	K29.00	Acute gastritis without bleeding	
21-Jan-2025	Humaira	R52	Pain, unspecified	

Date	Doctor	ICD Code	Diagnosis	Notes
21-Jan-2025	Humaira	R50.9	Fever, unspecified	
21-Jan-2025	Humaira	L03.011	Cellulitis of right finger	

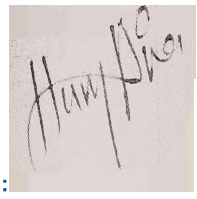
Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	0195-107704-0801	CEFTRIAXONE-TABUK IV	NA	NA	iv infusion
22:23:19	10:58:19	0002-116601-1001	Metronidazole [Concentrate For Infusion - 5mg/ml - 100.00 Liquids Bottle (x1)]	NA	NA	iv infusion
22:23:19	10:28:19	0005-149902-1021	CLOFEN	NA	NA	im
22:23:19	10:58:19	96365	Iv Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr	NA	NA	
00:00:00	00:00:00	9	Consultation Gp	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
PUMPINOX 40MG / (ESOMEPRAZOLE (AS MAGNESIUM) : 40 MG) ENTERIC COATED TABLETS ESOMEPRAZOLE (AS MAGNESIUM) [40 MG] / ENTERIC COATED TABLETS (14S, BLISTER PACK) / 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	
MIRAZOL / (METRONIDAZOLE : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
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	

Doctor Signature & Stamp :



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
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