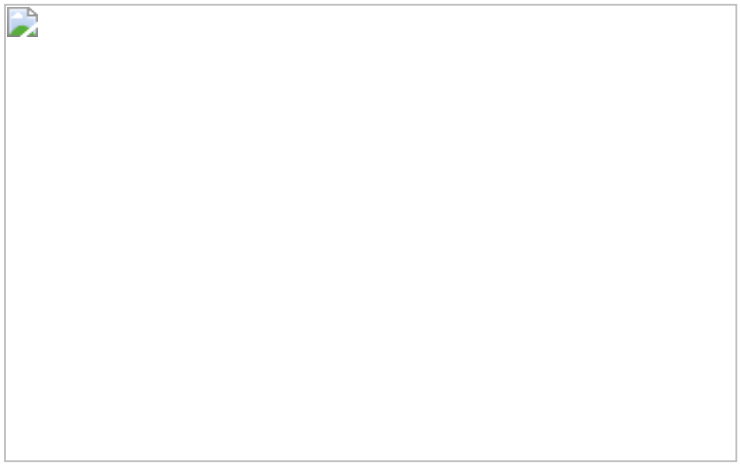
Patient details

Date	:	22-Jan-2025 / 9:30AM - 9:45AM
Doctor	:	SANDIA (Dermatology)
Reg # / Patient Name	:	23303 / TANVEER AHMAD
Mobile #	:	566919855
Gender / DOB/Age	:	Male / 01-Jan-1998
Nationality	:	Pakistani
Insurance / Card#	:	FMC Standard Network / I020-010-117415414-03
EMID #	:	784-1995-7150306-1



Medical Record details

Complaints

Complaints

pc : cough with sputum green in colur , low grade fever on and off ,

no other med conditions

smokes tobacco

hx of weight lose

o/e chest congested

Vital Signs

Temperature	: 36	**BPS**	: 65	**BPD**	:	**Pulse**	: 68	**Height**	: 172 cm	**Weight**	: 68 kg		
BMI	: 22.9854 bpm	**Respiratory**	: 19 bpm	**SpO2**	: 97%	**Hip**	: cm	**Waist**	: cm				
Head Circumference		:	cm										
Urinalysis (Protein & Glucose)		:											
Notes	: risk of fall												

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
22-Jan-2025	SANDIA	J43.9	Emphysema, unspecified	
22-Jan-2025	SANDIA	J20.9	Acute bronchitis, unspecified	
22-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	9	Consultation Gp	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
UNICAST 10 MG / (MONTELUKAST (AS SODIUM : 10 MG TABLETS ORAL / TABLETS (30S, BLISTER / Tablets	Take 1Tablets 1 Time(s) per Day For 15 Day(s) others	15	15	
MUCOLYTE / (BROMHEXINE HYDROCHLORIDE : 4 MG/5ML) SYRUP BROMHEXINE HYDROCHLORIDE [4 MG/5ML] / SYRUP (100ML, BOTTLE) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) morning	5	5	
PANA COUGH / (TRIPROLIDINE : 0.25 MG/ML) (GUAIFENESIN : 20 MG/ML) (PSEUDOEPHEDRINE : 6 MG/ML) SYRUP TRIPROLIDINE/GUAIFENESIN/PSEUDOEPHEDRINE [0.25 MG/ML|20 MG/ML|6 MG/ML] / SYRUP (200ML, BOTTLE) / Tablets	Take 1Tablets 3 Time(s) per Day For 7 Day(s) after meal	7	21	
ARTIZ / (CETIRIZINE HCL : 10 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (10S, BLISTER PACK / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) evening	7	7	
ZAKON / (CEFPODOXIME (AS PROXETIL : 200 MG TABLETS ORAL / TABLETS (15S, BLISTER PACK / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others	5	5	

Doctor Signature & Stamp :