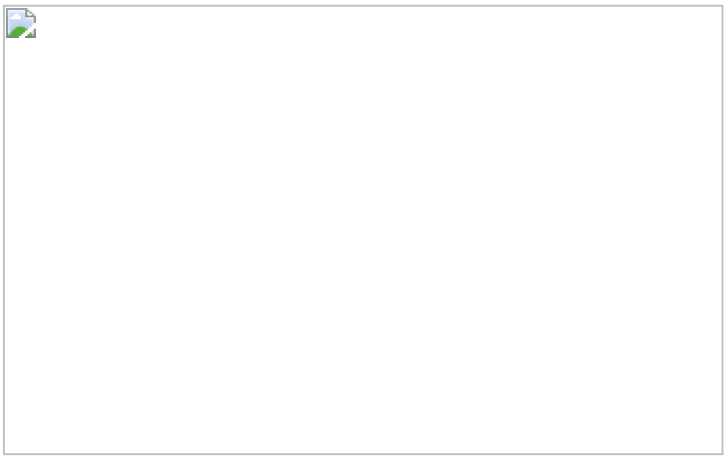
Patient details

Date	:	22-Jan-2025 / 11:00PM - 11:15PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	45604 / MUHANNAD ABDULQADER YOUSUF
Mobile #	:	0501001444
Gender / DOB/Age	:	Male / 25-Sep-1987
Nationality	:	Emirati
Insurance / Card#	:	NEXTCARE CLAIMS MANAGEMENT LLC / 5628-87B4-716D-E3DD
EMID #	:	784-1987-1435020-8



Medical Record details

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
22-Jan-2025	Humaira	R19.7	Diarrhea, unspecified	
22-Jan-2025	Humaira	R11.10	Vomiting, unspecified	
22-Jan-2025	Humaira	A09	Infectious gastroenteritis and colitis, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	9.01	Follow-up consultation	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
CEFIM / (CEFIXIME : 400 MG) CAPSULES (HARD GELATIN) CEFIXIME [400 MG] / CAPSULES (HARD GELATIN) (6S, BLISTER PACK) / Capsule	Take 1Capsule 1Time(s) perDay For 5 Day(s) others	5	1	

Doctor Signature & Stamp :