Patient details

Date	:	25-Jan-2025 / 6:15PM - 6:30PM
Doctor	:	DR Amaizah(General)
Reg # / Patient Name	:	40421 / HARI K C
Mobile #	:	0544482036
Gender / DOB/Age	:	Male / 29-Jun-1987
Nationality	:	Nepalese
Insurance / Card#	:	AXA / 13/XC/35989/0/69/E/0
EMID #	:	784-1987-3320373-5

Medical Record details

Complaints

Complaints

pc :sorethroat , cough is dry, fever for 4 days

epigastric pain for 1 month usually at bed time

treated for h pylori

o/e hyperemia of pharynx

abdomen : gaseous distension

Vital Signs

Temperature	: 36.5	**BPS**	: 62	**BPD**	:	**Pulse**	: 66	**Height**	: 0 cm	**Weight**	: 0 kg
BMI	: NaN bpm	**Respiratory**	: 18 bpm	**SpO2**	: 97%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: risk of fall										

Diagnosis

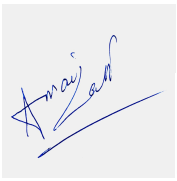
Date	Doctor	ICD Code	Diagnosis	Notes
25-Jan-2025	DR Amaizah	K29.00	Acute gastritis without bleeding	
25-Jan-2025	DR Amaizah	J02.9	Acute pharyngitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MYDOCALM / (TOLPERISONE : 150 MG) SUGAR COATED TABLETS TOLPERISONE [150 MG] / SUGAR COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 3 Day(s) others	3	3	
BIOCIUM / (CALCIUM : 400 MG (VITAMIN D3 : 200 IU (MAGNESIUM : 100 MG (ZINC : 4 MG TABLETS ORAL / TABLETS (30S, BOX / Tablets	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)	30	1	
PANA COUGH / (TRIPROLIDINE : 0.25 MG/ML) (GUAIFENESIN : 20 MG/ML) (PSEUDOEPHEDRINE : 6 MG/ML) SYRUP	Take 1Syrup 2 Time(s) per Day	5	10	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
TRIPROLIDINE/GUAIFENESIN/PSEUDOEPHEDRINE [0.25 MG/ML|20 MG/ML|6 MG/ML] / SYRUP (200ML, BOTTLE) / Syrup	For 5 Day(s) after meal			
ARTIZ / (CETIRIZINE HCL : 10 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (10S, BLISTER PACK / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening	5	5	

Doctor Signature & Stamp :



Dr. Amaizah Ishtiaq
General Practitioner
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