Patient details

Date	:	26-Jan-2025 / 6:45PM - 7:00PM
Doctor	:	DR Amaizah(General)
Reg # / Patient Name	:	32986 / AUNG MYO ZIN
Mobile #	:	0529732283
Gender / DOB/Age	:	Male / 01-May-1986
Nationality	:	Myanmarese
Insurance / Card#	:	E CARE - Blue Network / I017-029-121255243-01
EMID #	:	784-1986-4362524-1

Medical Record details

Complaints

Complaints

pc : pain and swelling of left toe for 2 days

known gout arthritis

bp elevated

o/e : swollen tender left 3 rd toe

Vital Signs

Temperature	: 36	**BPS**	: 81	**BPD**	:	**Pulse**	: 86	**Height**	: 163 cm	**Weight**	: 74 kg
BMI	: 27.85201 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
26-Jan-2025	DR Amaizah	R34	Anuria and oliguria	
26-Jan-2025	DR Amaizah	M1A.3791	Chronic gout due to renal impairment, unsp ank/ft, w toph	
26-Jan-2025	DR Amaizah	M79.672	Pain in left foot	
26-Jan-2025	DR Amaizah	M13.172	Monoarthritis, not elsewhere classified, left ankle and foot	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
CELEBREX 400MG / (CELECOXIB : 400 MG) CAPSULES (HARD GELATIN) CELECOXIB [400 MG] / CAPSULES (HARD GELATIN) (10S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others	5	5	
GUPISONE 20MG / (PREDNISOLONE : 20 MG TABLETS ORAL / TABLETS (40S, BLISTER / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	

Doctor Signature & Stamp :