



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



**Photo
Not
Available**

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

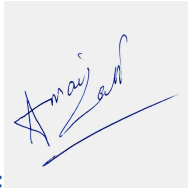
Temperature : 36 BPS : 81 BPD : Pulse : 86 Height : 163 cm Weight : 74 kg
 BMI : 27.85201 bpm Respiratory : 18 bpm SpO2 : 97% Hip : cm Waist : cm
 Head Circumference : cm
 Urinalysis (Protein & Glucose) :
 Notes : RISK OF FALL

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	



Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E



Doctor Signature & Stamp :