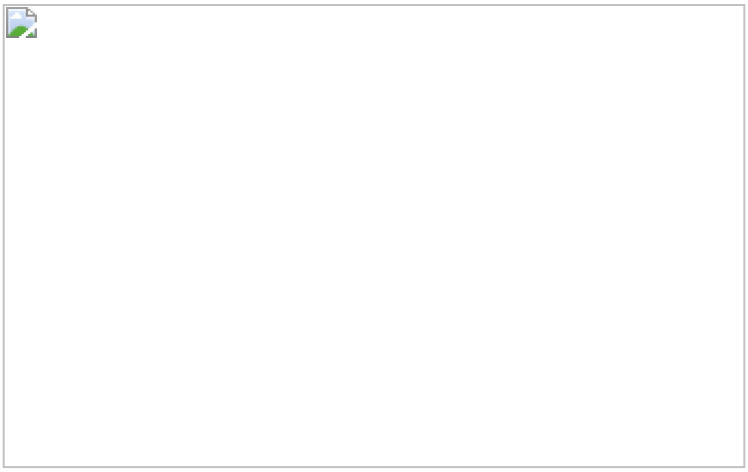
Patient details

Date	:	28-Jan-2025 / 4:30PM - 4:45PM
Doctor	:	DR Amaizah(General)
Reg # / Patient Name	:	38663 / CHRISTINA KARUNIA DEBORAH SELVARAJA
Mobile #	:	0506635682
Gender / DOB/Age	:	Female / 24-Dec-1984
Nationality	:	Sri Lankan
Insurance / Card#	:	NAS VN / 1T31-LPMM-VMVR-RVAE
EMID #	:	784-1984-2657683-5



Medical Record details

Complaints

Complaints

pc : known diabetic for 4 years on meds

presented with muscle weakness

giddiness . loss of appetite

complications of diabtetes,, gastroparesis and myopathy

Allergies

Allergy Type	Allergy Severity	Allergies	Allergy For	Physical Examination
		No Known Allergies	Unknown	

Vital Signs

Temperature	: 36.8	**BPS**	: 84	**BPD**	:	**Pulse**	: 86	**Height**	: 146 cm	**Weight**	: 95 kg
BMI	: 44.56746 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
28-Jan-2025	DR Amaizah	E08.641	Diabetes due to underlying condition w hypoglycemia w coma	
28-Jan-2025	DR Amaizah	G72.9	Myopathy, unspecified	
28-Jan-2025	DR Amaizah	K29.00	Acute gastritis without bleeding	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
VITAL ENERGY / (CALCIUM PANTOTHENATE : 250 MG) (INOSITOL : 50 MG) (RIBOFLAVINE (VITAMIN B2) : 50 MG) (BIOTIN : 1.25 MG) (FOLIC ACID : 200 MCG) (THIAMINE (VITAMIN B1) : 25 MG) (PABA : 50 MG) (CYANOCOBALAMIN : 6 MCG) (CHOLINE BITARTRATE : 50 MG) (INOSITOL NICOTINATE : 50 MG) CAPSULES (SOFT GELATIN) CALCIUM PANTOTHENATE/INOSITOL/RIBOFLAVINE (VITAMIN B2)/BIOTIN/FOLIC ACID/THIAMINE (VITAMIN B1)/PABA/CYANOCOBALAMIN/CHOLINE BITARTRATE/INOSITOL NICOTINATE [250 MG|50 MG|50 MG|1.25 MG|200 MCG|25 MG|50 MG|6 MCG|50 MG|50 MG] / CAPSULES (SOFT GELATIN) (60S, BOTTLE) / Tablets	Take 1Tablets 1 Time(s) per Day For 30 Day(s) after meal	30	30	
VOLTFAST / (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION DICLOFENAC POTASSIUM [50 MG] / POWDER FOR SOLUTION (9S, SACHET) / Powder	Take 1Powder 1Time(s) perDay For 2 Day(s) after meal	2	1	
PREMOSAN / (METOCLOPRAMIDE : 10 MG) TABLETS METOCLOPRAMIDE [10 MG] / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 3 Time(s) per Day For 10 Day(s) before meal	10	30	

Progress Notes

Date	Notes	Visit Plan	Other Instructions	Made By	Date Recorded
28-Jan-2025	known diabetic for 4 years on medications presented with complications secondary to diabetes , she is taking treatment , her general condition is not good , it is advised to take rest for 2 days			DR Amaizah	28-Jan-2025 16:33:45

Doctor Signature & Stamp :

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