Patient details

Date	:	28-Jan-2025 / 6:15PM - 6:30PM
Doctor	:	DR Amaizah(General)
Reg # / Patient Name	:	32986 / AUNG MYO ZIN
Mobile #	:	0553497942
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

follow up

pc : pain and swelling of left toe for 2 days

swelling is improved , pain stil there

known gout arthritis

bp elevated

o/e : tender left 3 rd toe

uric acid normal with meds

Vital Signs

Temperature	: 36	**BPS**	: 90	**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										

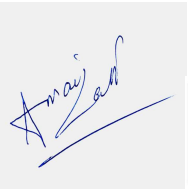
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
28-Jan-2025	DR Amaizah	M13.172	Monoarthritis, not elsewhere classified, left ankle and foot	
28-Jan-2025	DR Amaizah	S13.8XXS	Sprain of joints and ligaments of oth parts of neck, sequela	
28-Jan-2025	DR Amaizah	M10.379	Gout due to renal impairment, unspecified ankle and foot	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MAXILASE TABLETS / (SERRATIOPEPTIDASE : 10 MG TABLETS ORAL / TABLETS (30S, BLISTER / Tablets	Take 1Tablets 1 Time(s) per Day For 3 Day(s) others	3	3	
VOLTAREN EMULGEL 12 HOURS / (DICLOFENAC DIETHYLAMINE : 23.2 MG / G GEL TOPICAL / GEL (50G, TUBE / Gel	apply twice daily	5	5	
ESOWIN 40 MG / (ESOMEPRAZOLE (AS MAGNESIUM) : 40 MG) GASTRO-RESISTANT TABLETS ESOMEPRAZOLE (AS MAGNESIUM) [40 MG] / GASTRO-RESISTANT TABLETS (14S, BLISTER) / Tablets	Take 1Tablets 1 Time(s) per Day For 10 Day(s) morning empty stomach	10	10	
CELEBREX 200MG / (CELECOXIB : 200 MG CAPSULES ORAL / CAPSULES (30S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	
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	

Doctor Signature & Stamp :



Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
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