

**Patient details**

Date	:	29-Jan-2025 / 2:30PM - 2:45PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	45685 / RAMADAN ABDELMONEIM ALI FARAG
Mobile #	:	971565099742
Gender / DOB/Age	:	Male / 15-Jan- 1997
Nationality	:	Egyptian
Insurance / Card#	:	NEXTCARE -OP PCP / FE57-AAA4- AE1A-ED5B
EMID #	:	784-1997- 6877147-1

**Medical Record details****Complaints****Complaints**

co itching all over the body fot finers are red swelling 26th jan. 2025

oe fugal infection

chest is clear no added sounds

restless

Past / Family / Social History

Past History :

Other Past History :

Family History :

Social History - Smoking : No

Social History - Alcohol : No

Surgical History :

Allergies

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

Vital Signs

Temperature : 36.8 **BPS** : 84 **BPD** : **Pulse** : 88 **Height** : 171 cm **Weight** : 94 kg
BMI : 32.14664 bpm **Respiratory** : 18 bpm **SpO2** : 99% **Hip** : cm **Waist** : cm
Head Circumference : cm
Urinalysis (Protein & Glucose) :
Notes : RISK FOR FALL

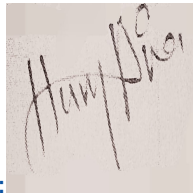
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
29-Jan-2025	Humaira	T78.40XA	Allergy, unspecified, initial encounter	
29-Jan-2025	Humaira	C84.00	Mycosis fungoides, unspecified site	
29-Jan-2025	Humaira	R21	Rash and other nonspecific skin eruption	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
LAMISIL / (TERBINAFINE (AS HCL : 1% CREAM TOPICAL / CREAM (15G, TUBE / Cream	Take 1Cream 1Time(s) perDay For 1 Day(s) others	1	1	
CANDIVAST 150MG / (FLUCONAZOLE : 150 MG CAPSULES ORAL / CAPSULES (1S, BLISTER / Tablets	Take 1Tablets 1 Time(s) per Week For 3 Day(s) others	3	3	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablet at night	10	10	

Doctor Signature & Stamp :



Dr. Humaira Mumtaz
 General Practitioner
 DHA No: 54155530-002
 CITICARE MEDICAL CENTER LLC
 DUBAI - U.A.E.

