



Patient details

Date	:	21-Jan-2025 / 8:00PM - 8:15PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	37170 / GRETCHEN CAPANGPANGAN PACARAT
Mobile #	:	0582657961
Gender / DOB/Age	:	Female / 22-Dec-1985
Nationality	:	Philippine
Insurance / Card#	:	FMC Standard Network / I005-010-116280045-01
EMID #	:	784-1985-4950386-4



Medical Record details

Complaints

Complaints

co dizziness nausea pale 18th jan 2025

oe

chest is clear no added sounds

restless

Allergies

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

Vital Signs

Temperature	: 37.1	BPS	: 72	BPD	:	Pulse	: 84	Height	: 153 cm	Weight	: 59 kg
BMI	: 25.20398 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
21-Jan-2025	Humaira	R11.0	Nausea	
21-Jan-2025	Humaira	E86.0	Dehydration	
21-Jan-2025	Humaira	R23.1	Pallor	
21-Jan-2025	Humaira	D64.9	Anemia, unspecified	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
00:00:00	00:00:00	9	Consultation Gp	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ORS - REDUCED OSMOLARITY (ORANGE FLAVOUR) / (ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION ORAL REHYDRATION SALTS (O.R.S.) [N/A] / POWDER FOR SOLUTION (10S, SACHET) / sachet	Take 1sachet 1 Time(s) per Day For 5 Day(s) others	5	5	
PRIMPERAN / (METOCLOPRAMIDE : 10 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	
CENTRUM WOMEN / (VITAMIN D (AS CHOLECALCIFEROL) : 5 MCG) (CHROMIUM : 25 MCG) (VITAMIN A (AS BETA CAROTENE) : 1200 MCG) (VITAMIN E : 4.5 MG) (BIOTIN : 30 MCG) (VITAMIN C (ASCORBIC ACID) : 45 MG) (RIBOFLAVIN : 1 MG) (MANGANESE : 1.8 MG) (VITAMIN B6 : 1.3 MG) (NIACINAMIDE : 14 MG) (SELENIUM : 20 MCG) (FOLIC ACID : 240 MCG) (MAGNESIUM : 100 MG) (IRON : 10 MG) (VITAMIN B12 : 2.4 MCG) (CALCIUM : 320 MG) (PANTOTHENIC ACID : 5 MG) (THIAMINE : 1 MG) (COPPER : 0.45 MG) (ZINC : 7 MG) (IODINE : 33 MCG) (VITAMIN K1 : 25 MC VITAMIN D (AS CHOLECALCIFEROL)/CHROMIUM/VITAMIN A (AS BETA CAROTENE)/VITAMIN E/BIOTIN/VITAMIN C (ASCORBIC ACID)/RIBOFLAVIN/MANGANESE/VITAMIN B6/NIACINAMIDE/SELENIUM/FOLIC ACID/MAGNESIUM/IRON/VITAMIN B12/CALCIUM/PANTOTHENIC ACID/THIAMINE/COPPER/ZINC/IODINE/VITAMIN K1/MOLYBDENUM [5 MCG 25 MCG 1200 MCG 4.5 MG 30 MCG 45 MG 1 MG 1.8 MG 1.3 MG 14 MG 20 MCG 240 MCG 100 MG 10 MG 2.4 MCG 320 MG 5 MG 1 MG 0.45 MG 7 MG 33 MCG 25 MCG 23 MCG] / TABLETS (60S, BOTTLE) / Tablets	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)	30	1	

Doctor Signature & Stamp :


