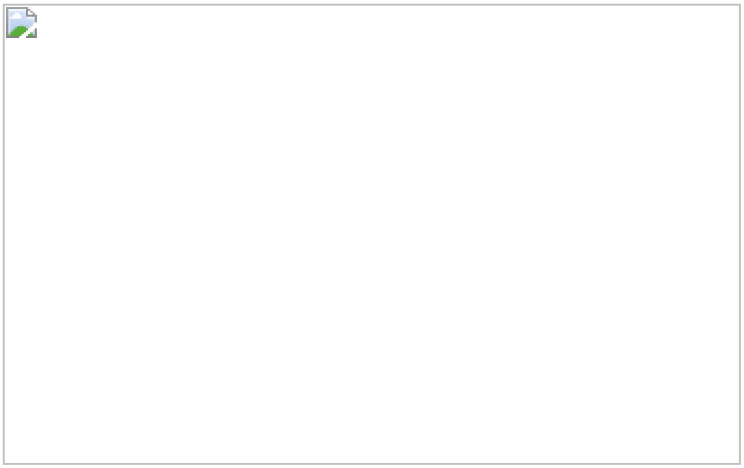
Patient details

Date	:	29-Jan-2025 / 4:30PM - 4:45PM
Doctor	:	DR Amaizah(General)
Reg # / Patient Name	:	40439 / SAMI RIAD FAHMI ALOTAIBI
Mobile #	:	0529215929
Gender / DOB/Age	:	Male / 09-Feb-1990
Nationality	:	Jordanian
Insurance / Card#	:	NEURON - RN RN1 / 52SC72871912437
EMID #	:	784-1990-8469438-1



Medical Record details

Complaints

Complaints

pc : throat pain severe , difficulty swallowing , high grade fever

cough for 3 days

smokes tobaco

bp elevated

no other med cond

o/e swolen tonsills covered with whitish membrane

hypermia of pharynx

Allergies

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

Vital Signs

Temperature	: 38.2	**BPS**	: 80	**BPD**	:	**Pulse**	: 78	**Height**	: 182 cm	**Weight**	: 85 kg		
BMI	: 25.66115 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm				
Head Circumference	:	cm											
Urinalysis (Protein & Glucose)	:												
Notes	: RISK FOR FALL												

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
29-Jan-2025	DR Amaizah	J02.9	Acute pharyngitis, unspecified	
29-Jan-2025	DR Amaizah	R05	Cough	
29-Jan-2025	DR Amaizah	R50.9	Fever, unspecified	
29-Jan-2025	DR Amaizah	J03.90	Acute tonsillitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ARTIZ / (CETIRIZINE HCL : 10 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (10S, BLISTER PACK / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening	5	5	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG|500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1Tablets 3 Time(s) per Day For 5 Day(s) others	5	15	
ZAKON / (CEFPODOXIME (AS PROXETIL : 200 MG TABLETS ORAL / TABLETS (15S, BLISTER PACK / Spray	Take 1Spray 1 Time(s) per Day For 7 Day(s) others	7	7	
ZYVEX ADVANCED ORAL SPRAY / (HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION HYDROXYPROPYLMETHYLCELLULOSE [150 MG/ 30ML] / SPRAY SOLUTION (30ML, SPRAY BOTTLE) / Spray	Take 1Spray 2 Time(s) per Day For 7 Day(s) others	7	14	
GUPISONE 20MG / (PREDNISOLONE : 20 MG) TABLETS PREDNISOLONE [20 MG] / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	

Doctor Signature & Stamp :