Patient details

Date	:	31-Jan-2025 / 3:00PM - 3:15PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	45707 / ALEEM SHAIK MASTHANVALI SHAIK
Mobile #	:	971508090199
Gender / DOB/Age	:	Male / 07-Apr-1996
Nationality	:	Indian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-120086835-01
EMID #	:	784-1996-2940754-7

Medical Record details

Complaints

Complaints

co fever high grade dry cough running nose 29th jan. 2025

oe chest is congested no added sounds

restless

smoker

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	: 38.8	**BPS**	: 80	**BPD**	:	**Pulse**	: 94	**Height**	: 165 cm	**Weight**	: 60 kg
BMI	: 22.03857 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: RISK FOR FALL										

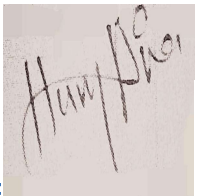
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
31-Jan-2025	Humaira	K29.00	Acute gastritis without bleeding	
31-Jan-2025	Humaira	R50.9	Fever, unspecified	
31-Jan-2025	Humaira	J30.9	Allergic rhinitis, unspecified	
31-Jan-2025	Humaira	R05	Cough	
31-Jan-2025	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE ORAL / SYRUP (SUGAR FREE (120ML, BOTTLE / Syrup	Take 10ML 3 Time(s) per Day For 7 Day(s) others	1	1	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG|500 MG] / CAPLETS (24S, BOX) / Tablets	Take 1Tablets 2 Time(s) per Day For 6 Day(s) others	6	12	
PUMPINOX 40MG / (ESOMEPRAZOLE (AS MAGNESIUM) : 40 MG) ENTERIC COATED TABLETS ESOMEPRAZOLE (AS MAGNESIUM) [40 MG] / ENTERIC COATED TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablet at night	5	5	

Doctor Signature & Stamp :



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