



Patient details

Date	:	31-Jan-2025 / 4:15PM - 4:30PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	45709 / ISLAM SALAH SAAD ELSHORBAGY
Mobile #	:	971564640823
Gender / DOB/Age	:	Male / 20-Feb-1988
Nationality	:	Egyptian
Insurance / Card#	:	NAS - SRN WN / M23M-H33F-LFL2-6LED
EMID #	:	784-1988-6882962-7



Medical Record details

Complaints

Complaints

co fever on and off taking tablet at home penadol 2 productive 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 : 36.6 BPS : 80 BPD : Pulse : 88 Height : 176 cm Weight : 95 kg

BMI : 30.66891 bpm **Respiratory** : 18 bpm **SpO2** : 99% **Hip** : cm **Waist** : cm
Head Circumference : cm
Urinalysis (Protein & Glucose) :
Notes : RISK FOR FALL

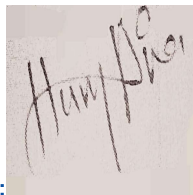
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
31-Jan-2025	Humaira	R34	Anuria and oliguria	
31-Jan-2025	Humaira	E78.5	Hyperlipidemia, unspecified	
31-Jan-2025	Humaira	K29.00	Acute gastritis without bleeding	
31-Jan-2025	Humaira	R05	Cough	
31-Jan-2025	Humaira	R50.9	Fever, unspecified	
31-Jan-2025	Humaira	J30.9	Allergic rhinitis, unspecified	
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	
NEXPRO 40 / (ESOMEPRAZOLE (AS MAGNESIUM) : 40 MG) FILM COATED TABLETS ESOMEPRAZOLE (AS MAGNESIUM) [40 MG] / FILM COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others	7	7	
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	
MACROMAX 500 / (AZITHROMYCIN : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (3S, BLISTER / 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 Muntaz
 General Practitioner
 DHA No: 54155530-002
 CITICARE MEDICAL CENTER LLC
 DUBAI - U.A.E.

