Patient details

Date	:	08-Feb-2025 / 7:30PM - 7:45PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	42293 / ANCHAL KARAM CHAND
Mobile #	:	0543241642
Gender / DOB/Age	:	Female / 28-Feb-2001
Nationality	:	Indian
Insurance / Card#	:	NAS VN / 2IAC-C94C-DCDG-RDEA
EMID #	:	784-2001-6804176-0

Medical Record details

Complaints

Complaints

co fever dry cough nausea pain and itching in the throat 4th feb. 2025

oe

chest is congested no added sounds

restless

taking paracitamol at home

Vital Signs

Temperature	: 37.8	**BPS**	: 74	**BPD**	:	**Pulse**	: 102	**Height**	: 158 cm	**Weight**	: 43 kg
BMI	: 17.2248 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

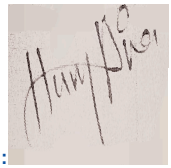
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
08-Feb-2025	Humaira	R52	Pain, unspecified	
08-Feb-2025	Humaira	K29.00	Acute gastritis without bleeding	
08-Feb-2025	Humaira	R09.81	Nasal congestion	
08-Feb-2025	Humaira	R05	Cough	
08-Feb-2025	Humaira	R50.9	Fever, unspecified	
08-Feb-2025	Humaira	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
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	
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	
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	
STOPKOF (ALCOHOL FREE) / (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE) AMMONIUM CHLORIDE/DIPHENHYDRAMINE HCL	Take 10ML 3 Time(s) per Day For 7 Day(s)	1	2	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
[131.5 MG/5 ML|13.5 MG/5ML] / SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE) / Tablets	after meal			
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 5 Day(s) others	5	10	

Doctor Signature & Stamp : 

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