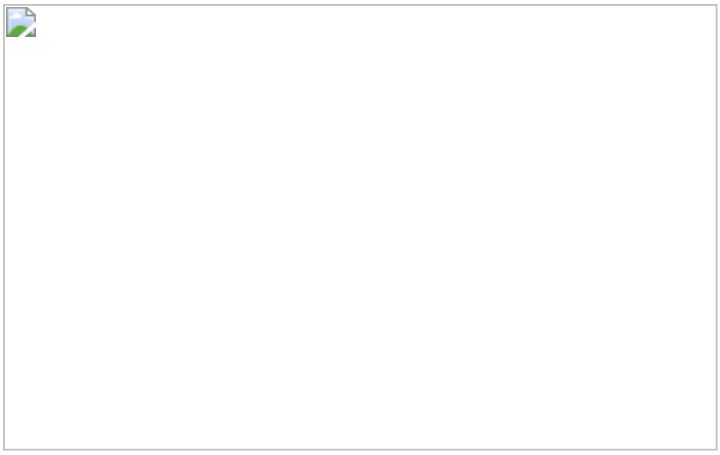
Patient details

Date	:	10-Feb-2025 / 7:30AM - 7:45AM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	43955 / HTET NAING . LIN
Mobile #	:	0559467077
Gender / DOB/Age	:	Male / 11-Oct-1997
Nationality	:	Myanmarese
Insurance / Card#	:	E CARE - Blue Network / I040-029-120590609-01
EMID #	:	784-1997-5955970-3



Medical Record details

Complaints

Complaints

sore throat,headache,bodyache,cold.

o/e there is redness in throat,chest is clear

Vital Signs

Temperature	: 36.7	**BPS**	: 70	**BPD**	:	**Pulse**	: 78	**Height**	: 180 cm	**Weight**	: 64 kg
BMI	: 19.75309 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
10-Feb-2025	Enomen Goodluck	R52	Pain, unspecified	
10-Feb-2025	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
CURAM / (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS AMOXICILLIN/CLAVULANIC ACID [500 MG|125 MG] / FILM COATED TABLETS (20S, FOIL STRIP) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
KLARFAST / (LORATADINE : 10 MG TABLETS ORAL / TABLETS (10S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
KUFDRIN / (SODIUM CITRATE : 57 MG/5ML (AMMONIUM CHLORIDE : 131.5 MG/5 ML (MENTHOL : 1.1 MG/5 ML (DIPHENHYDRAMINE HCL : 13.5 MG/5ML	Take 1Syrup 3 Time(s) per Day For 7 Day(s)	7	21	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
SYRUP ORAL / SYRUP (120ML, BOTTLE / Syrup	others			

Doctor Signature & Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.