Patient details

Date	:	16-Feb-2025 / 9:30AM - 9:45AM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	41356 / SHALIKA MADUWANTHI KULAWANSHA KARUNA PELIGE
Mobile #	:	0561360824
Gender / DOB/Age	:	Female / 20-Feb-1996
Nationality	:	Sri Lankan
Insurance / Card#	:	E CARE - Blue Network / I040-029-119668661-01
EMID #	:	784-1996-3368433-9

Medical Record details

Complaints

Complaints

patient came with the complain of fever sore throat and body ache for one day .

chest is clear .no wheezing .

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**	: 72	**BPD**	:	**Pulse**	: 88	**Height**	: 148 cm	**Weight**	: 65 kg
BMI	: 29.67495 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

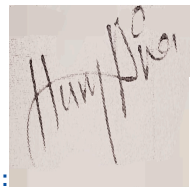
Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
16-Feb-2025	Humaira	J30.9	Allergic rhinitis, unspecified	
16-Feb-2025	Humaira	R05	Cough	
16-Feb-2025	Humaira	R50.9	Fever, unspecified	
16-Feb-2025	Humaira	J02.9	Acute pharyngitis, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MACROMAX 250 / (AZITHROMYCIN : 250 MG) FILM COATED TABLETS AZITHROMYCIN [250 MG] / FILM COATED TABLETS (6S, BLISTER) / Syrup	Take 1Syrup 2 Time(s) per Day For 5 Day(s) others	5	10	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Syrup	Take 1Syrup 1 Time(s) per Day For 3 Day(s) others	3	3	
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE) DIPHENHYDRAMINE [12.5 MG/5ML] / SYRUP (SUGAR FREE) (120ML, BOTTLE) / Syrup	Take 1 tbs Syrup 2 Time(s) per Day For 5 Day(s) others	5	10	
PANADOL COLD & FLU / (CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS CHLORPHENIRAMINE MALEATE/PARACETAMOL/PSEUDOEPHEDRINE [2 MG|500 MG|30 MG] / TABLETS (24S, BLISTER PACK) / Tablets	Take 1Tablets 3 Time(s) per Day For 5 Day(s) others	5	15	

Doctor Signature & Stamp :



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