Patient details

Date	:	17-Feb-2025 / 11:15AM - 11:30AM
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 for follow up feel better

crp raised suggested iv antibiotic .

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

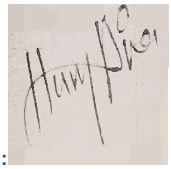
Temperature	: 36.6	**BPS**	: 74	**BPD**	:	**Pulse**	: 104	**Height**	: 148 cm	**Weight**	: 65 kg
BMI	: 29.67495 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 99%	**Hip**	: cm	**Waist**	: cm		
Head Circumference	:	cm									
Urinalysis (Protein & Glucose)	:										
Notes	: RISK FOR FALL										

Diagnosis

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

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
MACROMAX 500 / (AZITHROMYCIN : 500 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (3S, BLISTER / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others after meal	5	10	

Doctor Signature & Stamp : 

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