



Patient details

Date	:	19-Mar-2025 / 6:15PM - 6:30PM
Doctor	:	DR Amaizah(General)
Reg # / Patient Name	:	38263 / ABDULRAHMAN MUSA BALA
Mobile #	:	0582130863
Gender / DOB/Age	:	Male / 20-Jul-1989
Nationality	:	Nigerian
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-118180006-01
EMID #	:	784-1989-5021931-5



**Photo
Not
Available**

Medical Record details

Complaints

Complaints

PC : SORE THROAT , BODYPAIN , AND WEAKNESS , NASAL BLOCKAGE ,
ASSOCIATED WIT LOW GRADE FEVER
DURATION 2 DAYS 17/03/25

HX OF SMOKING

O/E : LOOK PALE

HYPERMIC PHARYNX

CHEST WHEEZONG

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 : 37.7 BPS : 58 BPD : Pulse : 103 Height : 0 cm Weight : 66.9 kg
BMI : ∞ bpm Respiratory : 0 bpm SpO2 : % Hip : cm Waist : cm
Head Circumference : cm
Urinalysis (Protein & Glucose) :
Notes :

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
19-Mar-2025	DR Amaizah	R50.9	Fever, unspecified	
19-Mar-2025	DR Amaizah	J30.9	Allergic rhinitis, unspecified	
19-Mar-2025	DR Amaizah	J45.991	Cough variant asthma	
19-Mar-2025	DR Amaizah	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
NEUROBION COATED TABLETS / (VITAMIN B1 (THIAMINE : 100 MG (VITAMIN B6 (AS PYRIDOXINE HCL : 200 MG (VITAMIN B12 (CYANOCOBALAMIN : 200 MCG SUGAR COATED TABLETS ORAL / SUGAR COATED TABLETS (30S, BLISTER / Tablets	Take 1Tablets 1 Time(s) per Day For 30 Day(s) after meal	30	30	
PANADOL ADVANCE / (PARACETAMOL : 500 MG) FILM COATED TABLETS PARACETAMOL [500 MG] / FILM COATED TABLETS (48S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 3 Day(s) after meal	3	6	
CURAM / (AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, FOIL STRIP / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal	5	10	
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1 Unit(s), 1 Time(s) per Day For 1 Day(s)	1	5	

Doctor Signature & Stamp :

