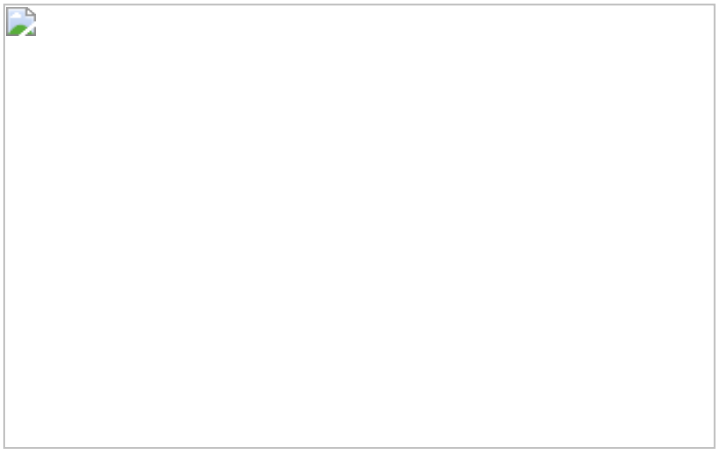
Patient details

Date	:	03-Apr-2025 / 12:15AM - 12:30AM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	44747 / SUNDAS FAROOQ
Mobile #	:	0506913175
Gender / DOB/Age	:	Female / 20-Apr-1997
Nationality	:	Pakistani
Insurance / Card#	:	NGI - HN BASIC PLUS / I038-000-121696981-01
EMID #	:	999-9999-9999999-9



Medical Record details

Complaints

Complaints
unilateral headache since today 4 pm
paraorbital pain
nausea and vomiting
dehydration due to vomiting

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	: 36.8	**BPS**	: 84	**BPD**	:	**Pulse**	: 94	**Height**	: 156 cm	**Weight**	: 66.9 kg
BMI	: 27.49014 bpm	**Respiratory**	: 0 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: risk of fall										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
03-Apr-2025	Humaira	R52	Pain, unspecified	
03-Apr-2025	Humaira	E86.0	Dehydration	
03-Apr-2025	Humaira	R11.10	Vomiting, unspecified	
03-Apr-2025	Humaira	G43.919	Migraine, unsp, intractable, without status migrainosus	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
01:27:19	01:31:00	0005-149902-1021	CLOFEN	NA	NA	im
01:31:00	02:05:00	0005-150403-1021	PREMOSAN	NA	NA	iv
01:31:00	02:05:00	96365	Administered intravenously	NA	NA	
01:27:19	01:31:00	96372	Intramuscular injection	NA	NA	
00:00:00	00:00:00	9	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
OROLYTE 4.40 GM - ORANGE & LEMON FLAVOUR / (SODIUM CHLORIDE : 0.52 G) (POTASSIUM CHLORIDE : 0.3 G) (SODIUM CITRATE : 0.58 G) (GLUCOSE ANHYDROUS : 2.7 G) POWDER FOR SOLUTION SODIUM CHLORIDE/POTASSIUM CHLORIDE/SODIUM CITRATE/GLUCOSE ANHYDROUS [0.52 G|0.3 G|0.58 G|2.7 G] / POWDER FOR SOLUTION (10 X 4.4 G, SACHET) / sachet	Take 1sachet 1 Time(s) per Day For 3 Day(s) others	3	3	
DOMPY / (DOMPERIDONE : 10 MG) FILM COATED TABLETS DOMPERIDONE [10 MG] / FILM COATED TABLETS (30S, BLISTER PACK) / Tablets	Take 1Tablets 3Time(s) perDay For 3 Day(s) before meal	3	9	
OLFEN DISPERSIBLE / (DICLOFENAC ACID : 46.5MG) DISPERSIBLE TABLETS DICLOFENAC ACID [46.5MG] / DISPERSIBLE TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	
NOPAIN DS / (NAPROXEN : 500 MG) TABLETS NAPROXEN [500 MG] / TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	

Doctor Signature & Stamp :