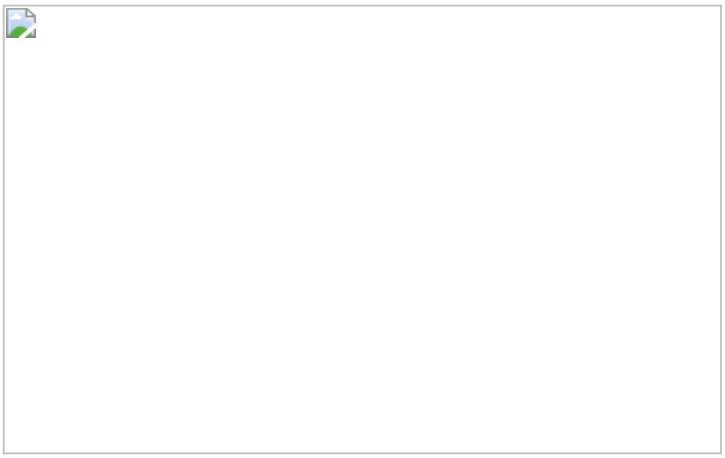
Patient details

Date	:	27-Feb-2025 / 1:30PM - 1:45PM
Doctor	:	Humaira(General)
Reg # / Patient Name	:	38885 / INAYAT LIYAKAT KUMBHARLIKAR
Mobile #	:	0568452809
Gender / DOB/Age	:	Male / 05-Sep-1987
Nationality	:	Indian
Insurance / Card#	:	NAS VN / 61NL-3NMM-VMV6-MVAE
EMID #	:	784-1987-8069720-1



Medical Record details

Complaints

Complaints

patient came for follow up

still troat pain

crp raised

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**	: 80	**BPD**	:	**Pulse**	: 86	**Height**	: 163 cm	**Weight**	: 68 kg
BMI	: 25.59374 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 98%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: RISK FOR FALL										

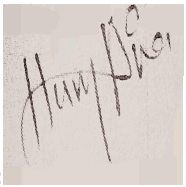
Diagnosis

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

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ZYVEX ADVANCED ORAL SPRAY / (HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION HYDROXYPROPYLMETHYLCELLULOSE [150 MG/ 30ML] / SPRAY SOLUTION (30ML, SPRAY BOTTLE) / Tablets	Take 1Tablets 1 Time(s) per Day For 3 Day(s) others	3	3	
CHLORHEXIL EXTRA MOUTH WASH / (CETYLPYRIDINIUM CHLORIDE : 0.05%/ML) (TRICLOSAN : 0.1%/ML) (CHLORHEXIDINE : 0.2%/ML) MOUTHWASH-SOLUTION CETYLPYRIDINIUM CHLORIDE/TRICLOSAN/CHLORHEXIDINE [0.05%/ML|0.1%/ML|0.2%/ML] / MOUTHWASH-SOLUTION (250ML, BOTTLE) / Tablets	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others	5	5	
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE) DIPHENHYDRAMINE [12.5 MG/5ML] / SYRUP (SUGAR FREE) (120ML, BOTTLE) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	
ADOL EXTRA / (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS CAFFEINE/PARACETAMOL [65 MG|500 MG] / CAPLETS (48S, BOX) / Tablets	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	5	10	
AUGMENTIN 625MG / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|500 MG] / TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	

Doctor Signature & Stamp :



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