

# MEDICAL CASE REPORT



## PATIENT INFORMATION

**Name**

John Smith

**Phone Number**

(123) 123-4565

**Email**

john@example.com

**Address**

111 Pine Street, Suite 1815  
San Francisco, CA, 94111

**Occupation**

Senior Software and Web  
Developer

**Emergency Contact Person**

Jane Smith

**Age**

48

**Date of Birth**

October 4, 1970

**Gender**

Male

**Civil Status**

Married

**Emergency Contact Person Phone**

(123) 123-4567

**Admission Date**

October 4, 2021

**Chief Complaint**

My legs are swollen up. I'm having a hard time breathing when I'm lying on the bed. I can also feel the heaviness on my chest even if I'm not doing anything.

**Current Medical History**

Patient is experiencing irregular heart rhythm. No previous history of hospitalization. No previous history of surgery. Patient has history of asthmatic attacks.

# MEDICAL CASE REPORT

**Medications**

Name	Purpose	Dosage	Frequency
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**Christian Drosten**



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