

Administrative

Patient Name

: ABDUL SHAKIR ABDUL RAHMAN SYED

Card No

: I017-029-119221144-01

Policy Holder

: ABDUL SHAKIR ABDUL RAHMAN SYED

Payer Name

: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA

: E CARE - Green Network

Validity

: 01-10-2023 To 30-09-2024

Gender

: Male

Date Of Birth

: 27-Jun-1987

Patient's Tel No

: 0522786230

Service Date

:22-May-2024

Health Provider

:Irham Medical Center Arjan

Doctor's Name

:Humaira

Co-Insurance

Remarks

:

Network

: Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

: co fever body ache headache 1 week on and off dark colour urine oe enlarge Duration: tonsillls chest is clear no added sounds restless

Vitals:Temp

: 37.4 Bp :114 Pulse :90 Resp :18

Clinical Findings:

Diagnosis:

J03.90 - Acute tonsillitis, unspecified,J06.9 - Acute upper respiratory infection, unspecified,R52 - Pain, unspecified,

Date of Onset

:22/05/2024

Requested Investigations:

0195-107704-0801, CEFTRIAXONE-TABUK IV,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0102-152902-1001, LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,9, Consultation GP,96372, THER/PROPH/DIAG INJ SC/IM,96365, THER/PROPH/DIAG IV INF INIT,96374, THER/PROPH/DIAG INJ IV PUSH

Prescriptions:

6758-533801-1561 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) DELAYED RELEASE CAPSULES,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0005-107001-0052 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,

MEDICAL PRACTITIONER DECLARATION :

I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

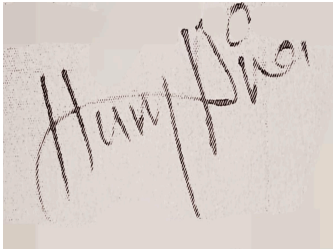
Dr's Name

: Humaira

Stamp :

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

Signature :



Date

: 22-May-2024

Patient 's signature{Parent : if minor}



Date

: 22-May-2024

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