eASOAP FORM



ADMINISTRATIVE The member is allowed for **Out Patient** at the **Irham Medical Center Arjan**

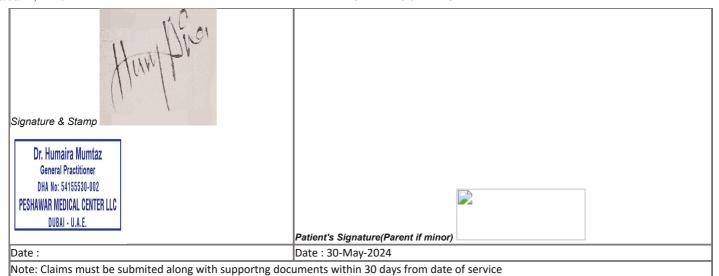
ADMINISTRATIV	-	THE INCIDENTS and	wed for Out Fatient	at the imani medical center Arjan				
Patent Name:	SARAH BIRUNGI	Gender:	Female	Validity Between:	28/02/2	024 and 27/	02/2025	
Patent Name.	SAKAH BIKUNGI	Gender.	remaie	•	20/02/20	024 anu 277	02/2025	
Card No:	E6DE-A324-7450-ABC3	DOB:	9/25/1995 12:00:00 AM	Coverage Informaton for:	Out Pat	ient		
Pin #:		Identty Card:		Network:	RN UAE MEDGU	E (Al Ansari JLF	-AUH)-	
Natonal ID:	784-1995-1947196-7	Service Date:	30-May-2024	Radiology:	Covered	d		
		Patent's Tel No:	0502752755					
Policy Holder:		Threshold Limit:						
Payer Name:	ORIENT INSURANCE P.J.S.C	Class:	Normal					
		Out-Patent :						
Category:	Category B	Patent's File No:	43256	Pharmacy:	Co-Part	:: 20%		
Gatekeeper:	No	Consultaton :		Laboratory:	Covered	d		
Referral No:								
Referred								
Service:								
SUBJECTIVE ASS	SESSMENT							
Symptom(s) as	described by the patent (0	Chief Complaint):			Date of S	Symptoms/i	illness started	
Complaint					DD	MM	YYYY	
co lower back	c pain dark colour of uri	ne 1week						

oe pain the lumber region chest is clear no added sounds vitals stable Date of Symptoms/illness started ○ Yes O No Past Medical Surgical History? DD MM YYYY Date of Symptoms/illness started Obs/Gyn Claims DD YYYY Para ☐ AB: LMP: Marital Date: ☐ Gravida: Marital Status: What date did the Patient first feel same / similar Symptom(s) : dd mm yyyy Is the Patient under any type of Treatment? O Yes O No if yes, indicate what Assessment and since when: OBJECTIVE / ASSESSMENT(To be completed by Physician) Clinical Findings : Vital Signs: B/P:101 HR: 76 RR T:37

; 18					
Assessment/Diagnosis : O Acute O Chronic O Confirmed O Suspected INDICATE DIAGNOSIS NOT SYMPTOM					
Туре	Code	Diagnosis			
Primary	N39.0	Urinary tract infection, site not specified			
Secondary	R30.9	Painful micturition, unspecified			
Secondary	R52	Pain, unspecified			

ACCIDENT/OCCUPATIONAL Claim Informaton (complete if claim is a result of accident or work related illness/injury)					
Accident or illness due to work?	Injury due to road accident?	Describe how the accident or work related injury/illness occur:			
○ Yes ○ No	○ Yes ○ No				
Date of accident or beginning of illness:					

DODS- 149902- 1021 CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION Pharmacy Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug O195- 107704- 10801 CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION Pharmacy Pharmacy CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION Pharmacy CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION Pharmacy CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION Pharmacy CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION Pharmacy CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION Pharmacy CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION Pharmacy Lab Lab Lab Creactive protein; Lab Creactive protein; Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count Code Generic COME Generic (PYRIDOXINE (VITAMIN B6) : 2 MG) (VITAMIN B12 : 1 MG) (THIAMINE (VITAMIN B1) : 1.4 MG) (INJANINE I : 1 MG) (BETACAROTENE : 400 MGG) (PHYTONADIONE (VITAMIN B1) : 1.4 MG) (INJANINE I : 1 DIU) (BIGITIN : 100 MGG) (CHROMIUM : 400 MGG) (RIBOFLAVINE (VITAMIN B2) : 1.4 MG) (POTASSIUM : 400 MG) (ASCORBIC ACID (VITAMIN C) : 60 MG) (ZINC : 5 MG) (PHOSPHORUS : 125 MG) (SELENIUM : 30 MCG) (MAGNESIUM : 50 MG) (MOLYBDENUM SOM (CHASPINE I : 1 DIU) (BIGITIN : 100 MGG) (MAGNESIUM : 50 MG) (MOLYBDENUM CODES CODES CAFFEINE : 65 MG) (IBUPROFEN : 400 MG) FILM COATED TABLETS CTARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI Time(s) pe For 5 Day(others CITARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI Time(s) pe For 7 Day(others CHASPING AND CHASPING ACID (CHASPING CALID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES CITARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI Time(s) pe For 7 Day(others CHASPING AND CHASPING CONTROL CALID CONTROL (CALID CONTROL CALID CA	T Code	Treatment					Туре		Price
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1.49902- CLOFEN-(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION Pharmacy 1.596374 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous Co. Pay 1.596374 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous Co. Pay 1.596374 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous 1.596374 CEFTRIAXONE: 18 of North State 1.596374 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, ph., protein, specific gravity, urobilinogen, any number of these 1.5963801 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, ph., protein, specific gravity, urobilinogen, any number of these 1.5963801 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, ph., proteins, specific gravity, urobilinogen, any number of these 1.5963801 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, ph., proteins, specific gravity, urobilinogen, any number of these 1.5963802 Sedimentation rate, erythrocyte; automated 1.5963802 Lab of County and the patient county and lab 1.5963801 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, little and lab 1.5963801 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, little and lab 1.5963801 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, little and lab 1.5963801 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, lab 1.5963801 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, lab 1.5963801 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglob	372					; subcutaneous	co.Pay		10.000
push, single or initial substance/drug CEFTRIAXONE-TABUK IV-(CEFTRIAXONE: 1 G) POWDER FOR INJECTION Pharmacy CEFTRIAXONE-TABUK IV-(CEFTRIAXONE: 1 G) POWDER FOR INJECTION Pharmacy B1001 Lirinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy Sedimentation rate, erythrocyte; automated Eab Sedimentation rate, erythrocyte; automated B1004 Count; complete (CEC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count CODE CODE CPYRIDOXINE (VITAMIN B6): 2 MG) (VITAMIN B12: 1 MG) (THIAMINE (VITAMIN B1): 1: 4 MG) MCG() (VITAMIN B6): 12 MG) (SETACAROTENE: 400 MCG) (PHYTONADIONE (VITAMIN B1): 1: 4 MG) MCG() (VITAMIN B2: 1: 15 MG) (SETACAROTENE: 400 MCG) (PHYTONADIONE (VITAMIN B1): 1: 4 MG) MCG() (VITAMIN B2: 1: 15 MG) (SETACAROTENE: 400 MCG) (PHYTONADIONE (VITAMIN B1): 3: 3 MCG() (VITAMIN B2: 1: 15 MG) (SETACAROTENE: 400 MCG) (PHYTONADIONE (VITAMIN B1): 3: 3 MCG() (VITAMIN B2: 1: 15 MG) (SETACAROTENE: 400 MCG) (PHYTONADIONE (VITAMIN B1): 3: 3 MCG() (VITAMIN B2: 1: 15 MG) (SETACAROTENE: 400 MCG) (MAGNESIUM: 5: 0 MG) (MOLYBOENUM MCG() (VITAMIN B2: 1: 15 MG) (SELENIUM: 3: 0 MCG) (MAGNESIUM: 5: 0 MG) (MOLYBOENUM MCG() (VITAMIN B2: 1: 14 MG) (POTASSIUM: 4: 0 MG) (MAGNESIUM: 5: 0 MG) (MOLYBOENUM MCG() (VITAMIN B2: 1: 14 MG) (POTASSIUM: 4: 0 MG) (MAGNESIUM: 5: 0 MG) (MOLYBOENUM MCG() (PHOSPHORUS: 1: 125 MG) (SELENIUM: 3: 0 MCG) (MAGNESIUM: 5: 0 MG) (MOLYBOENUM MCG() (PHOSPHORUS: 1: 125 MG) (SELENIUM: 3: 0 MCG) (MAGNESIUM: 5: 0 MG) (MOLYBOENUM MCG() (PHOSPHORUS: 1: 125 MG) (SELENIUM: 3: 0 MCG) (MAGNESIUM: 5: 0 MG) (MOLYBOENUM MCG() (PHOSPHORUS: 1: 125 MG) (SELENIUM: 3: 0 MCG) (MAGNESIUM: 5: 0 MG) (MOLYBOENUM MCG() (PHOSPHORUS: 1: 125 MG) (SELENIUM: 3: 0 MCG) (MAGNESIUM: 5: 0 MG) (MOLYBOENUM MCG() (PHOSPHORUS: 1: 125 MG) (SELENIUM: 3: 0 MCG) (MAGNESIUM: 5: 0 MG) (MOLYBOENUM MCG() (PHOSPHORUS: 1: 125 MG) (SELENIUM	9902-	CLOFEN -(DICLOFE	NAC SODIUM : 75 MG	/3ML) SOLUTI	ON FOR INJECTION		Pharmacy		6.5000
Department Pharmacy Pharmac	374			injection (spec	cify substance or drug)	; intravenous	Co.Pay	Co.Pay	
Lab	7704-	CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION					Pharmacy		48.500
Creactive protein; Lab Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count Lab	001	leukocytes, nitrite,	, pH, protein, specific ք	gravity, urobili			Lab		8.0000
Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count Code Generic (PYRIDOXINE (VITAMIN B6): 2 MG) (VITAMIN B12: 1 MG) (THIAMINE (VITAMIN B1): 1.4 MG) (NIACINAMIDE: 18 MG) (BETACAROTENE: 400 MCG) (PHYTONADIONE (VITAMIN K1): 30 MCG) (VITAMIN E: 10 IU) (BIOTIN: 100 MCG) (CHROMIUM: 40 MCG) (RIBOFLAVINE) (ACG) (VITAMIN E: 10 IU) (BIOTIN: 100 MCG) (CHROMIUM: 40 MCG) (RIBOFLAVINE) (ACG) (VITAMIN E: 10 IU) (BIOTIN: 100 MCG) (CHROMIUM: 50 MG) (MOLYBDENUM: 50 MCG) (PHOSPHORUS: 125 MG) (SELENIUM: 30 MCG) (MAGNESIUM: 50 MG) (MOLYBDENUM: 50 MCG) (TABLETS CAFFEINE: 65 MG) (IBUPROFEN: 400 MG) FILM COATED TABLETS CAFFEINE: 65 MG) (IBUPROFEN: 400 MG) FILM COATED TABLETS CARTAGRIC ACID: 0.89G) (SODIUM BICARBONATE: 1.76G) (CRANBERRY EXTRACT: 0.25 G) (TRI JIME(s) pe For 5 Dayl others) CAFFEINE: 65 MG) (SODIUM BICARBONATE: 1.76G) (CRANBERRY EXTRACT: 0.25 G) (TRI JIME(s) pe For 7 Dayl others) CARTAGRIC ACID: 0.89G) (SODIUM BICARBONATE: 1.76G) (CRANBERRY EXTRACT: 0.25 G) (TRI JIME(s) pe For 7 Dayl others) CARTAGRIC ACID: 0.89G) (SODIUM BICARBONATE: 1.76G) (CRANBERRY EXTRACT: 0.25 G) (TRI JIME(s) pe For 7 Dayl others) CARTAGRIC ACID: 0.89G) (SODIUM BICARBONATE: 1.76G) (CRANBERRY EXTRACT: 0.25 G) (TRI JIME(s) pe For 7 Dayl others) CARTAGRIC ACID: 0.89G) (SODIUM BICARBONATE: 1.76G) (CRANBERRY EXTRACT: 0.25 G) (TRI JIME(s) pe For 7 Dayl others) CARTAGRIC ACID: 0.89G) (SODIUM BICARBONATE: 1.76G) (CRANBERRY EXTRACT: 0.25 G) (TRI JIME(s) pe For 7 Dayl others) CARTAGRIC ACID: 0.89G) (SODIUM BICARBONATE: 1.76G) (CRANBERRY EXTRACT: 0.25 G) (TRI JIME(s) pe For 7 Dayl others) CARTAGRIC ACID: 0.89G) (SODIUM BICARBONATE: 1.76G) (CRANBERRY EXTRACT: 0.25 G) (TRI JIME(s) pe For 7 Dayl others) CARTAGRIC ACID: 0.89G) (SODIUM BICARBONATE: 1.76G) (CRANBERRY EXTRACT: 0.25 G) (TRI JIME(s) pe For 7 Dayl others) CARTAGRIC ACID: 0.89G) (SODIUM BICARBONATE: 1.76G) (CRANBERRY EXTRACT: 0.25 G) (TRI JIME(s) pe For 7 Dayl others) CARTAGRIC ACID: 0.89G) (SODIUM BICARBONATE: 1.76G) (CRANBE	652	Sedimentation rate	e, erythrocyte; automa	ated			Lab		8.0000
Code Generic	140	C-reactive protein:	;				Lab		15.000
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Composition	2201- (5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others		
METRONIDAZOLE : 500 MG) TABLETS Time(s) per For 7 Day(sothers)	8501-	SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT				7	For / Day(s)		
CIPROFLOXACIN (AS HYDROCHLORIDE): 500 MG) FILM COATED TABLETS 7 Time(s) per For 7 Day(so thers)	6604- ((METRONIDAZOLE : 500 MG) TABLETS				7	For / Day(s)		
Surgery: Physiotherapy: In-patient Required? Length of Stay Indicate Provider Indicate Provider Indicate Provider Indicate Provider, Insurer, Employer or other Orgate any Healthcare Provider, Insurer, Employer or other Orgate and the medical services shown on this form were redically indicated & necessary for the management of his case. The eating Physician Name: Humaira Surgery: Other Procedures: Indicate Provider I hereby authorize any Healthcare Provider, Insurer, Employer or other Orgate release any informaton regarding my medical condition and history to NEXION the purpose of determining insurance benefits. Medical management is the propose of determining insurance benefits. Medical management is the propose of determining insurance benefits. Medical management is the propose of determining insurance benefits. Medical management is the propose of determining insurance benefits. Medical management is the propose of determining insurance benefits. Medical management is the propose of determining insurance benefits. Medical management is the propose of determining insurance benefits. Medical management is the propose of determining insurance benefits. Medical management is the propose of determining insurance benefits. Medical management is the propose of determining insurance benefits.	2003- (CIPROFLOXACIN (AS	HYDROCHLORIDE) : 50	00 MG) FILM COATED TABLETS			7	For / Day(s)	
In-patient Required? Length of Stay Indicate Provider Indicate Pro	Pharmacy: Estmated Costs		Estmated Costs		O Laboratory / Radi	ology:	Estmated Costs		
In-patient Required? Length of Stay Indicate Provider Indicate Pro			O Surgery:		O Endoscopy:				
In-patient Required? Length of Stay Indicate Provider Indicate Pro			-						
that the medical services shown on this form were edically indicated & necessary for the management of is case. I hereby authorize any Healthcare Provider, Insurer, Employer or other Orga release any informaton regarding my medical condition and history to NEXtO the purpose of determining insurance benefts. Medical management is the responsibility of doctor and the patent.									
thereby certfy that all informaton mentoned are correct that the medical services shown on this form were edically indicated & necessary for the management of is case. I hereby authorize any Healthcare Provider, Insurer, Employer or other Orga release any informaton regarding my medical condition and history to NEXtO the purpose of determining insurance benefts. Medical management is the presponsibility of doctor and the patent.	nationt D-	ruirod 2 Longth -f 0			Indicate Presiden			Esti	to Cost
eating Physician Name : Humaira	reby certfy at the med ically indica	that all informaton r lical services shown o	mentoned are correct on this form were	release any in	orize any Healthcare F nformaton regarding n of determining insuran	ny medical cond ce benefts. Med	iton and hist	r other Org	ganizator (tCARE fo
y / Eav (important):									
or ran (important).	Fax (import	ant):							



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