Patient Name	: MUHAMMAD YASIN MUHAMMAD BASHIR	**Service Date**	:15-Jun-2024 **Network** : Green
Card No	: I017-029-115434050-02	**Health Provider**	:Irham Medical Center Arjan **Direct Access SP - YES**
Policy Holder	: MUHAMMAD YASIN MUHAMMAD BASHIR	**Doctor's Name**	:Enomen Goodluck
Payer Name	: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC	**Co-Insurance**	:
TPA	: E CARE - Green Network	**Remarks**	:
Validity	: 01-10-2023 To 30-09-2024		
Gender	: Male		
Date Of Birth	: 10-May-1977		
Patient's Tel No	: 0556858700		

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : Papular rashes on the cheek. Said to be recurrent. **Duration :**

Vitals: Temp : 37 Bp :130 Pulse :76 Resp :18

Clinical Findings:

Diagnosis: L30.9 - Dermatitis, unspecified,A66.3 - Hyperkeratosis of yaws, **Date of Onset** :15/30/2024

Requested Investigations: 9, Consultation GP **Estimated Cost :**

Prescriptions: 0080-109601-0431 - (BENZOYL PEROXIDE : 10%) GEL,0138-169101-1452 - (DOXYCYCLINE : 100 MG) CAPSULES (HARD GELATIN), **Estimated Cost :**

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 : Enomen Goodluck **Stamp :**

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI : U.A.E.

Patient 's signature{Parent if minor} : **Date :** 15-Jun-2024

Signature : **Date** : 15-Jun-2024