

**Patient Name** : RAVINDRA SINGH KUWAR  
**Card No** : I017-029-119843965-01  
**Policy Holder** : RAVINDRA SINGH KUWAR  
**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** : 16-Jun-1987  
**Patient's Tel No** : 0521136986

**Service Date** : 17-Jun-2024  
**Health Provider** : Irham Medical Center Arjan  
**Doctor's Name** : Humaira  
**Co-Insurance** :

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

**Remarks** :

**Direct Access SP - YES**

|                                |                                                   |                                    |
|--------------------------------|---------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Acute | <input type="checkbox"/> Pre-existing and chronic | <input type="checkbox"/> Maternity |
|--------------------------------|---------------------------------------------------|------------------------------------|

**Chief Complaints** : co itching around the groin area 4 days oe itching rash in circle chest clear no added sounds stable  
**Duration** :  
**Vitals**:Temp : 37 Bp :100 Pulse :84 Resp :18

**Clinical Findings** :

**Diagnosis**: C84.00 - Mycosis fungoides, unspecified site,T78.40XD - Allergy, unspecified, subsequent encounter, **Date of Onset**:17/16/2024

**Requested Investigations**: 0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM  
**Estimated Cost** :

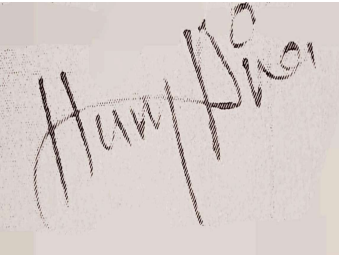
**Prescriptions**: 0078-140201-1451 - (FLUCONAZOLE : 150 MG) CAPSULES (HARD GELATIN),0027-109206-0151 - (TERBINAFINE (AS HCL) : 1%) CREAM,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,  
**Estimated Cost** :

|                                                                                                                                                                                      |                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MEDICAL PRACTITIONER DECLARATION :</b><br>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. | <b>PATIENT'S DECLARATION :</b><br>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. |
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**Dr's Name** : Humaira

**Stamp** :

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

**Signature** :

**Date** : 17-Jun-2024

**Patient 's signature{Parent : if minor}**



**Date** : Jun-2024