

**Administrative Section**

Policy number 13/XP/50530/1/43/E/0 Membership number
Patient name RACHELLE MAROUN BASSILI Provider name CITICARE MEDICAL CENTER LLC
Date of treatment 13-Aug-2024 Patient Gender ☐ Male ☒ Female

Medical Section

Type of visit ☐ Outpatient ☐ Inpatient ☐ Emergency ☐ Maternity ☐ Dental ☐ Optical

If Pregnant: L.M.P. Date Nature of conception ☐ Natural ☐ Assisted

Chief complaint

PC: easy fatiguability, tiredness and excessive sleepiness.

History of present illness

Date	Doctor	Location	Quality	Severity	Duration	Timing	Context	Modifying Factor	Symptoms
No Previous Complaints Found									

Clinical findings/other conditions**Past medical history**

Details of trauma - if applicable (where, when & how) ☐ Work Related ☐ RTA Related ☐ Sports Related

If yes ☐ Professional ☐ Non-Professional

Diagnosis

E55.9 - Vitamin D deficiency, unspecified, M62.81 - Muscle weakness (generalized), R53.83 - Other fatigue, R40.0 - Somnolence, E03.9 - Hypothyroidism, unspecified, J06.9 - Acute upper respiratory infection, unspecified

Treatment plan, recommended medications, investigations, and/or procedures

Treatments: 82306, VITAMIN D SERUM,84443, THYROID STIMULATING HORMONE (TSH) TOTAL SERUM,86140, C-REACTIVE PROTEIN (CRP),9.01, FOLLOW UP GP

Prescription:**Patient declaration**

I hereby confirm that I am the patient/AXA card holder, Patient's parent or guardian (if under 16 years of age) and I wish to claim and declare that all the details/ information given above are to the best of my knowledge true and correct. I hereby consent to and fully authorize the medical practitioner involved in the patient's care to discuss treatment details and discharge arrangements with and to AXA Insurance (Gulf) B.S.C © representative or any of AXA company affiliates. I subrogate all my rights in relation to this claim and I fully authorize and give access to AXA Insurance (Gulf) B.S.C © representative or any of AXA company affiliates to audit, review and copy all my medical records details including any historical medical records regardless the previous payer/insurer. I agree that a copy of this consent shall have the validity of the original.



Signature

Date:13-Aug-2024

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.

Name

Signature

Date:13-Aug-2024

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

Stamp

WARNING:Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. Penalties may include but not be restricted to denial of insurance benefits / cover, rendering the insurance contract void and/or legal action to be taken where deemed necessary.

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