Photo Not Available

Patient | 45000 | MOHAMAD ALDYK | 784-1990-3615485-6 | Repeat | 35 | Male
Swedish | M | NAS VN - Islamic Arab Insurance Co. (P.S.C. - Default Scheme (99999)
Medical History (patient_history.aspx?patId=55037) | Billing History (patient_accounts.aspx?patId=55037)

Appointment | Visit ID 56589 | 03-Jan-2025 | Humaira - General - DHA-P-54155530
MRN Activities(Log) | Insurance Cards | EMID Card

Vitals Alert This Patient has Vitals for Temp: 36.8°C, Pulse: 74bpm, BP: 110mmHg, Height: 181cm, Weight: 87kg, BMI 26.56(Obese), Blood Sugar

DHA Requirment : Mandotory to fill Chief Complaints, Allergies, Vital Signs, Pa

Start Time | Nurse Station | Doctor Evaluation | Orthopedic Case Assessment | Diagnosis
Treatments/Procedures | Packages | Prescription | Reimbursement Forms | Documents
Progress Notes | Addendum | NAS REIMB Claim FORM | NAS PRESCRIPTION Claim FORM | NAS FORM
NAS ADVICE FORM | Other Forms | Sick Leave | End Time | Visit Summary Sheet
Nabidh Clinical Docs | Audit Log | Radiology | Laboratory | Health Declaration | Signed Documents
Image Comparison

النتائج السريرية	9	Consultation Gp	General Consultation

REMARKS : *Enter Remarks*
الملحظات

TREATING PHYSICIAN : Humaira
الطبيب المعالج

HOSPITAL /CLINIC : CITICARE MEDICAL CENTER LLC
المستشفى / العيادة

CONSULTATION DETAILS : ○ New ○ Follow Up **CONSULTATION FEES :** *Enter CONSULT*
نوع الستشارة جديد المتابعة رسوم الستشارة

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

DOCTOR'S SIGNATURE AND STAMP **DATE**
توقيع و ختم الطبيب التاريخ

I hereby authorize any healthcare provider or Insurance Company to provide and/or give cop records to NAS Personnel in relation to current or previous treatments and services rendered any of my dependents. Any copy of this consent shall be considered as the original.

أية جهة طبية أو طبيب أو شركة تأمين بتزويد شركة ناس بأي معلومات من الملف الطبي بشأن العلج الحالي أو السابق لي أو للفراد المعالين من قبلي و ، اية صوره عن هذا التخويل تعتبر كالصليه

BENEFICIARY'S SIGNATURE
توقيع المستفيد

Patient Signature | Save | Close | Print

Previous History

Date	Doctor	Previous Form
No Previous Complaints Found		