



Patient 45434 **SAGAR KUMAR SUBHASH** 784-2005-3303817-8 **First Time**
20 **Male** **Indian** **S** **NAS - SRN WN - AL WATHBA NATIONAL INSURANCE COMPANY -**
Default Scheme (99999) [Medical History \(patient_history.aspx?patId=55471\)](#)
[Billing History \(patient_accounts.aspx?patId=55471\)](#)

Appointment **Visit ID 56632** **04-Jan-2025** **Humaira - General - DHA-P-54155530**
MRN Activities(Log) **Insurance Cards** **EMID Card**

Vitals Alert This Patient has Vitals for Temp: 36.6°C, Pulse: 74bpm, BP: 104mmHg, Height: 167cm, Weight: 62kg, BMI 22.23(Obese), Blood Sugar

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 : الملاحظات	Enter Remarks		
TREATING PHYSICIAN : Humaira الطبيب المعالج			
HOSPITAL /CLINIC : CITICARE MEDICAL CENTER LLC المستشفى / العيادة			
CONSULTATION DETAILS : ☐ New ☐ Follow Up CONSULTATION FEES : Enter CONSULT نوع الاستشارة جديد المتابعة رسوم الاستشارة			

DOCTOR'S SIGNATURE AND STAMP

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

DATE

I hereby authorize any healthcare provider or Insurance Company to provide and/or give copies of my medical records to NAS Personnel in relation to current or previous treatments and services rendered to me or 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 العلاج الحالي أو السابق لي أو للأفراد المعالين من قبلي و
أي صورة عن هذا التحويل تعتبر كاصلية

BENEFICIARY'S SIGNATURE

توقيع المستفيد



Patient Signature

Save

Close



Print

Previous History

Date	Doctor	Previous Form
No Previous Complaints Found		