Patient | 45383 | VALLARI VIJAY POHARKAR | 784-1996-6258453-3 | Repeat | 29
Female | Indian | U | E CARE - Blue Network - TAKAFUL EMARAT - Default
Scheme (99999) | Medical History (patient_history.aspx?patId=55420)
Billing History (patient_accounts.aspx?patId=55420)

Appointment | Visit ID 56766 | 07-Jan-2025 | Enomen Goodluck - General - DHA-P-28040827
MRN Activities(Log) | Insurance Cards | EMID Card

Vitals Alert This Patient has Vitals for Temp: 37°C, Pulse: 85bpm, BP: 115mmHg, Height: 154cm, Weight: 61.7kg, BMI 26.02(Obese), Blood Sugar

y, Pain Scale, Diagnosis, Procedures, Progress Notes, Prescription(if needed) and Clinical summaries

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

Vitals: Temp : 37 Bp :115 Pulse :85 Resp :18

Clinical Findings: *Enter Any Text*

Diagnosis: N30.90 - Cystitis, unspecified without hematuria,R10.30 - Lower abdominal pain, unspecified,N21.0 - Calculus in bladder,E79.0 - Hyperuricemia w/o signs of inflam arthrit and tophaceous dis,R82.993 - Hyperuricosuria,E78.2 - Mixed hyperlipidemia,Z83.42 - Family history of familial hypercholesterolemia,R82.994 - Hypercalciuria,R35.8 - Other polyuria,R35.0 - Frequency of micturition,

Requested Investigations: 81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,84550, URIC ACID BLOOD,80061, LIPID PANEL,82310, CALCIUM TOTAL,9, Consultation GP — **Estimated Cost** : *Enter A*

Prescriptions: 0042-136501-1173 - (HYOSCINE : 10 MG) TABLETS,0137-238401-1451 - (TAMSULOSIN HCL : 0.4 MG) CAPSULES (HARD GELATIN), — **Estimated Cost** : *Enter A*

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 :

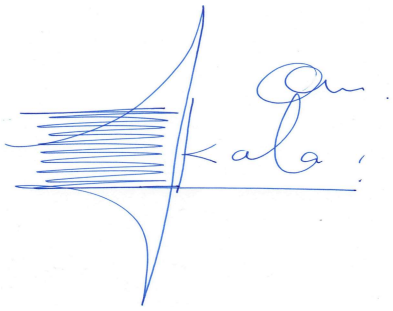
I hereby authorize any Healt Employer or other organizat regarding my medical condi determining insurance bene

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827 001

Dr's : Enomen Goodluck **Stamp :**

Patient 's signature{Parent :

Name : Enomen Goodluck **Stamp :** DHA No. 2004027-001 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E. **if minor}**

Signature :  **Date** : 07-Jan-2025

Patient Signature | Save | Close | Print

Previous History

Date	Doctor	Previous Form
No Previous Complaints Found		