Patient | 41928 | NAZEEMA PETERSEN | 784-1993-8451734-0 | Repeat | 32 | Female | South African | U | NAS VN - QATAR INSURANCE COMPANY - Default

Scheme (99999) | Medical History (patient_history.aspx?patId=51967) | Billing History (patient_accounts.aspx?patId=51967)

Appointment | Visit ID 56815 | 08-Jan-2025 | Enomen Goodluck - General - DHA-P-28040827

MRN Activities(Log) | Insurance Cards | EMID Card

Vitals Alert This Patient has Vitals for Temp: 37.6°C, Pulse: 117bpm, BP: 112mmHg, Height: 163cm, Weight: 53.9kg, BMI 20.29(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

0125-122107-1022	DEXAMETHASONE SODIUM PHOSPHATE	Pharma
96372	Therapeutic Prophylactic/Dx Injection Subq/Im	Co.Pay
0005-149902-1021	CLOFEN	Pharma

REMARKS : *Enter Remarks*
الملحظات

TREATING PHYSICIAN : Enomen Goodluck
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. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827 001

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