Patient | 39787 | TAMAR BALIAN | 784-1992-3128865-7 | Repeat | 33 | Female
Armenian | S | NAS - RN,RN - QATAR INSURANCE COMPANY - Default Scheme (99999)
Medical History (patient_history.aspx?patId=41814) | Billing History (patient_accounts.aspx?patId=41814)

Appointment | Visit ID 56867 | 10-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: 15bpm, BP: 116mmHg, Height: 164cm, Weight: 3.76kg, BMI 1.4(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

oe chest is clear no added sounds

stable

CLINICAL FINDINGS : النتائج السريرية

CPT Code	Treatment	Type
9	Consultation Gp	General Consultation

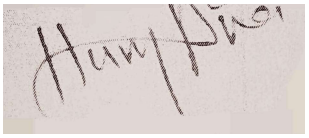
REMARKS : الملحظات — *Enter Remarks*

TREATING PHYSICIAN : الطبيب المعالج — Humaira

HOSPITAL /CLINIC : المستشفى / العيادة — CITICARE MEDICAL CENTER LLC

CONSULTATION DETAILS : نوع الستشارة — ○ New جديد ○ Follow Up المتابعة

CONSULTATION FEES : رسوم الستشارة — *Enter CONSULT*



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