

Photo
Not
Available

Patient 38922 SAROJ KUMAR DHAL NARAYAN DHAL 784-1999-4901988-1
Repeat 26 Male Indian S NAS VN - QATAR INSURANCE COMPANY - Default
Scheme (99999) Medical History (patient_history.aspx?patId=39947)
Billing History (patient_accounts.aspx?patId=39947)

Appointment Visit ID 56902 11-Jan-2025 SANDIA - Dermatology - DHA-P-65900212
MRN Activities(Log) Insurance Cards EMID Card

Vitals Alert This Patient has Vitals for Temp: 37°C, Pulse: 78bpm, BP: 146mmHg, Height: 168cm, Weight: 76kg, BMI 26.93(Obese), Blood Sugar

DHA Requirement : Mandatory to fill Chief Complaints, Allergi

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

	0195-107704-0801	CEFTRIAXONE-TABUK IV	Pha
	0188-135906-2441	PULMICORT	Pha
	85027	Blood Count Complete Automated	Lab
REMARKS الملاحظات	Enter Remarks		

TREATING PHYSICIAN : SANDIA
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



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 العلاج الحالي أو السابق لي أو للفراد المعالين من قبلي و
أية صورته عن هذا التحويل تعتبر كالصليه

BENEFICIARY'S SIGNATURE

توقيع المستفيد



Patient Signature

Save

Close



Print

Previous History

Date	Doctor	Previous Form
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