

Photo
Not
Available

Patient 45511 **MOHAMMAD HIAL MOHAMMAD IQBAL** 784-2001-8759976-4 **First Time** 24 **Male** **Indian** **S** **NAS VN - national life and general insurance - Default Scheme (99999)** [Medical History \(patient_history.aspx?patId=55548\)](#) [Billing History \(patient_accounts.aspx?patId=55548\)](#)

Appointment **Visit ID 56903** 11-Jan-2025 **SANDIA - Dermatology - DHA-P-65900212** **MRN Activities(Log)** **Insurance Cards** **EMID Card**

Vitals Alert This Patient has Vitals for Temp: 36.6°C, Pulse: 102bpm, BP: 130mmHg, Height: 169cm, Weight: 54kg, BMI 18.91(Obese), Blood Sugar

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

86140	C-Reactive Protein	Lab
REMARKS : Enter Remarks الملاحظات		
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

توقيع وختم الطبيب



DATE

التاريخ

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		