Photo Not Available

Patient 45512 IMRAN HAIDER TANSAR MAHMOOD 784-1993-9749631-8 First Time 32 Male Pakistani S NAS VN - ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC - Default Scheme (99999)

Medical History (patient_history.aspx?patId=55549)

Billing History (patient_accounts.aspx?patId=55549)

Appointment Visit ID 56905 11-Jan-2025 SANDIA - Dermatology - DHA-P-65900212

MRN Activities(Log) Insurance Cards EMID Card

Vitals Alert This Patient has Vitals for Temp: 37.4°C, Pulse: 86bpm, BP: 120mmHg, Height: 172cm, Weight: 72kg, BMI 24.34(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

النتائج السريرية

0195-107705-1371	Ceftriaxone [Powder for Injection - 500mg - 1.00 Tablets Vial + Solvent (x1)]	Pha
85027	Blood Count Complete Automated	Lab
86140	C-Reactive Protein	Lab

REMARKS : *Enter Remarks*
الملحظات

TREATING PHYSICIAN : SANDIA
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. Sandia Bhojwani
General Practitioner
DHA No: 65900212-001
PESHAWAR MEDICAL CENTER LLC

DOCTOR'S SIGNATURE AND STAMP DUBAI - U.A.E. **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 ء. اية صوره عن هذا التخويل تعتبر كالصليه

BENEFICIARY'S SIGNATURE
توقيع المستفيد

Patient Signature | Save | Close | Print

Previous History