Patient | 39404 | SEKH ESTYAK ALI SEKH AKTHAR ALI | 784-1992-3046903-5 | Repeat
33 | Male | Indian | S | E CARE - Blue Network - UNION INSURANCE COMPANY - Default Scheme (99999)
Medical History (patient_history.aspx?patId=40429)
Billing History (patient_accounts.aspx?patId=40429)

Appointment | Visit ID 56949 | 13-Jan-2025 | Humaira - General - DHA-P-54155530
MRN Activities(Log) | Insurance Cards | EMID Card

Vitals Alert This Patient has Vitals for Temp: 36.5°C, Pulse: 83bpm, BP: 109mmHg, Height: 162cm, Weight: 65kg, BMI 24.77(Obese), Blood Sugar

DHA

Start Time | Nurse Station | Doctor Evaluation | Orthopedic Case Assessment | Diagnosis
Treatments/Procedures | Packages | Prescription | Reimbursement Forms | Documents
Progress Notes | Addendum | ECARE CLAIM FORM | Other Forms | Sick Leave | End Time
Visit Summary Sheet | Nabidh Clinical Docs | Audit Log | Radiology | Laboratory | Health Declaration
Signed Documents | Image Comparison

Vitals: Temp : 36.5 Bp :109 Pulse :83 Resp :18

Clinical Findings: *Enter Any Text*

Diagnosis: R07.9 - Chest pain, unspecified,K29.00 - Acute gastritis without bleeding,R10.9 - Unspecified abdominal pain, **Date o Onset**

Requested Investigations: 93000, ELECTROCARDIOGRAM COMPLETE,9, Consultation GP **Estimated Cost :** *Enter An*

Prescriptions: **Estimated Cost :** *Enter Any Text*

MEDICAL PRACTITIONER DECLARATION :

I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

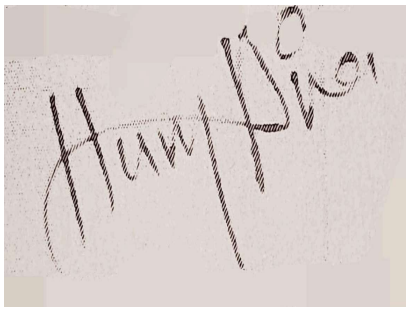
I hereby authorize any Healt Employer or other organizat regarding my medical condi determining insurance bene

Dr's Name : Humaira **Stamp :**

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC

Patient 's signature{Parent : if minor}

DUBAI - U.A.E.

Signature :  **Date** : 13-Jan-2025

Patient Signature | Save | Close | Print

Previous History

Date	Doctor	Previous Form
10-Feb-2023	Enomen Goodluck	