Patient | 43537 | ARNELA JANE | 784-1994-5990135-3 | Repeat | 31 | Female
Philippine | W | NEXTCARE -OP PCP - ORIENT INSURANCE P.J.S.C - Default Scheme (99999)
Medical History (patient_history.aspx?patId=53575) | Billing History (patient_accounts.aspx?patId=53575)

Appointment | Visit ID 56950 | 13-Jan-2025 | Humaira - General - DHA-P-54155530
MRN Activities(Log) | Insurance Cards | EMID Card

Vitals Alert This Patient has Vitals for Temp: 37.1°C, Pulse: 84bpm, BP: 110mmHg, Height: 157cm, Weight: 43kg, BMI 17.44(Obese), Blood Sugar

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

Pharmacy	Estimated Cost	Laboratory/Radiology	Estimated Cost
(SUMATRIPTAN (AS SUCCINATE : 50			

Is the following Required? ☐ Surgery ☐ Endoscopy ☐ Physiotheraphy ☐ Other Procedures

For NEXt CARE Use c
As per the terms of agreement and related
Approved ○ Approved Not Eli
Ded : _____Dhs. No. of Days: ____
_____
Copar : _____%

_____ _____
NEXt CARE Claims Department dd
Note: Approval valid only for 7 days at
_____

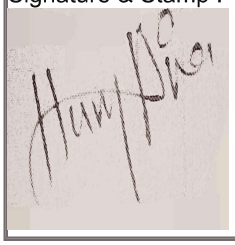
Is In-patient Required ? Length of Stay | Indicate Provider

**** Discharge Summary, Itemized Invoices, Reports & Receipts Attached?***

Treating Physician Name : **Humaira**

Tel/Fax :

Signature & Stamp :



I hereby authorize any Healthcare Provider, Insu Organization to release any information regardi condition & history to NEXtCARE for the purpos insurance benefits. Medical management is the doctor and the patient

Patient's Signature(Parent if minor)

Date

Patient Signature | Save | Print

Previous History

Date	Doctor	Previous Form
No Previous Complaints Found		