Photo Not Available

Patient 44283 REEM MHD BASSAM 784-1983-1035283-0 Repeat 42
Female Syrian P NAS - EN CN GN - QATAR INSURANCE COMPANY - Default
Scheme (99999) Medical History (patient_history.aspx?patId=54321)
Billing History (patient_accounts.aspx?patId=54321)

Appointment Visit ID 57033 15-Jan-2025 Humaira - General - DHA-P-54155530
MRN Activities(Log) Insurance Cards EMID Card

Vitals Alert This Patient has Vitals for Temp: 36.7°C, Pulse: 56bpm, BP: 94mmHg, Height: 161cm, Weight: 60kg, BMI 23.15(Obese), Blood Sugar

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

81001	Urnis Dip Stick/Tablet Reagent Auto Microscopy	Lal
86140	C-Reactive Protein	Lal
85025	Blood Count Complete Auto&Auto Difrntl Wbc Count	Lal

REMARKS : Enter Remarks
الملحظات

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

DUBAI - U.A.E.

DOCTOR'S SIGNATURE AND STAMP
توقيع و ختم الطبيب

DATE
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 ، اية صوره عن هذا التخويل تعتبر كالصليه

BENEFICIARY'S SIGNATURE
توقيع المستفيد

Patient Signature | Save | Close | Print

Previous History

Date	Doctor	Previous Form