

Administrative

Patient Name

Rinson Vadekkathala Poulouse

Card No

I040-029-113719116-01

Policy Holder

Rinson Vadekkathala Poulouse

Payer Name

UNION INSURANCE COMPANY

TPA

E CARE - Blue Network

Validity

02-01-2025 To 01-01-2026

Gender

Male

Date Of Birth

04-Apr-1982

Patient's Tel No

0553752382

Service Date

:14-May-2025

Health Provider

:CITICARE MEDICAL CENTER LLC

Doctor's Name

:Dr.Farhan Iyas

Co-Insurance

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Remarks

:

Network

: Green

Direct Access SP

- YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

: pain in right side of shoulder since 2 days 12/05/25 sore throat dry cough
yellow sputum coming out headache body ache

Vitals

:Temp : 36.8 Bp :117 Pulse :82 Resp :18

Clinical Findings:

Diagnosis:

J06.9 - Acute upper respiratory infection, unspecified,M25.511 - Pain in right shoulder,R05 - Cough,R07.0 - Pain in throat,M54.5 - Low back pain,R06.2 - Wheezing,

Requested Investigations:

85027, BLOOD COUNT COMPLETE AUTOMATED,86140, C REACTIVE PROTEIN,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,0188-135906-2441, PULMICORT,94640, AIRWAY INHALATION TREATMENT,9, Consultation GP

Prescriptions:

0397-116207-0391 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS,0006-106601-0394 - (PARACETAMOL : 500 MG) FILM COATED TABLETS,0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,0320-148701-1171 - (LORATADINE : 10 MG) TABLETS,2093-596002-0431 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL,0097-142201-0391 - (DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS,

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 Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

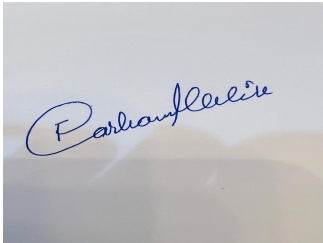
Dr's Name

: Dr.Farhan Iyas

Stamp :

Dr .Frahan Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
CITICARE MEDICAL CENTER
DUBAI U.A.E

Signature :



Date

: 14-May-2025

Patient 's signature{Parent : if minor}



Date

: May-2025

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