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Administrative Section

Policy number	13/XC/36001/0/76/E/0	Membership number	
Patient name	JUNAID HAMEED ABDUL HAMEED	Provider name	CITICARE MEDICAL CENTER LLC
Date of treatment	03-Jun-2025	Patient Gender	◉ Male ○ Female

Medical Section

Type of visit ☐ **Outpatient** ☐ **Inpatient If** ☐ **Emergency** ☐ **Maternity** ☐ **Dental** ☐ **Optical**

If Pregnant: L.M.P. Date Nature of conception ○ **Natural** ○ **Assisted**

Chief complaint

pt came with abdominal pain along with nausea and continous burb for two hours

History of present illness

Date	Doctor	Location	Quality	Severity	Duration	Timing	Context	Modifying Factor	Symptoms
No Previous Complaints Found									

Clinical findings/other conditions

Past medical history

Details of trauma - if applicable (where, when & how) ☐ **Work Related** ☐ **RTA Related** ☐ **Sports Related**

If yes ○ **Professional** ○ **Non-Professional**

Diagnosis

K21.00 - Gastro-esophageal reflux dis with esophagitis, without bleed, K29.00 - Acute gastritis without bleeding, R10.84 - Generalized abdominal pain, R11.11 - Vomiting without nausea, E86.0 - Dehydration

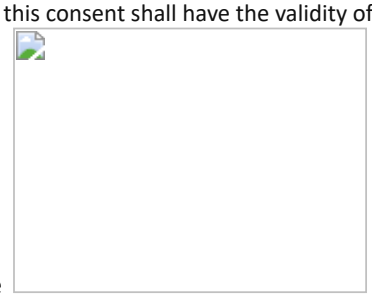
Treatment plan, recommended medications, investigations, and/or procedures

Treatments: 86140, C-REACTIVE PROTEIN (CRP),85025, COMPLETE BLOOD COUNT (CBC) BLOOD,0005-150403-1021, PREMOSAN - (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,0005-136504-1021, SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION,0005-174202-0781, RISEK 40MG-(OMEPRAZOLE : 40 MG) POWDER FOR INFUSION,0439-152905-1001, LACTATED RINGERS INJECTION USP,96371, Subcutaneous infusion for therapy or prophylaxis (specify substance or drug) additional pump set-up,96368, Intravenous infusion for therapy prophylaxis or diagnosis (specify substance or drug) concurrent inf,96360, Intravenous infusion hydration initial 31 minutes to 1 hour,86677, HELICOBACTER PYLORI ANTIBODIES RAPID SERUM,9, GP Consultation

Prescription:1267-141614-1111 - (ALUMINIUM HYDROXIDE : 225 MG/5ML) (SIMETHICONE : 25 MG/5 ML) (MAGNESIUM HYDROXIDE : 200 MG/5ML) SUSPENSION,1516-151709-0081 - (SIMETHICONE : 42 MG) CHEWABLE TABLETS,0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN),0042-136501-1171 - (HYOSCINE : 10 MG) TABLETS,0252-150407-1171 - (METOCLOPRAMIDE : 10 MG) TABLETS,

Patient declaration

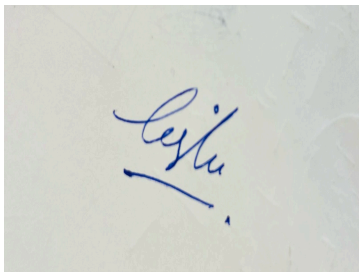
I hereby confirm that I am the patient/AXA card holder, Patient's parent or guardian (if under 16 years of age) and I wish to claim and declare that all the details/ information given above are to the best of my knowledge true and correct. I hereby consent to and fully authorize the medical practitioner involved in the patient's care to discuss treatment details and discharge arrangements with and to AXA Insurance (Gulf) B.S.C © representative or any of AXA company affiliates. I subrogate all my rights in relation to this claim and I fully authorize and give access to AXA Insurance (Gulf) B.S.C © representative or any of AXA company affiliates to audit, review and copy all my medical records details including any historical medical records regardless the previous payer/insurer. I agree that a copy of this consent shall have the validity of the original.

Signature  Date:03-Jun-2025

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.

Name

Signature  Date:03-Jun-2025

Stamp

Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
DUBAI - U.A.E

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