Patient | 40997 | MUHAMMAD HASEEB ASHFAQ ASHFAQ AHMAD SHAHZAD | 784-2008-8639480-6

Follow Up | 17 | Male | Pakistani | S | E CARE - Blue Network - TAKAFUL EMARAT - Default Scheme (99999)

Medical History (patient_history.aspx?patId=50028)

Billing History (patient_accounts.aspx?patId=50028)

Appointment | Visit ID 64830 | 17-Jul-2025 | AISHA - General - DHA-P-40131439

MRN Activities(Log) | Insurance Cards | EMID Card

Vitals Alert This Patient has Vitals for Temp: 37°C, Pulse: 88bpm, BP: 120mmHg, Height: 168cm, Weight: 47.4kg, BMI 16.79(Obese), Blood Sugar

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

Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: MUHAMMAD HASEEB ASHFAQ ASHFAQ AHMAD SHAHZAD**	**Service Date**	**:17-Jul-2025**	**Network**	**:** Green
Card No	**: I022-029-121571465-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**		Direct Access SP - YES
Policy Holder	**: MUHAMMAD HASEEB ASHFAQ ASHFAQ AHMAD SHAHZAD**	**Doctor's Name**	**:AISHA**		
Payer Name	**: TAKAFUL EMARAT**	**Co-Insurance**	**:**		
TPA	**: E CARE - Blue Network**	**Remarks**	**:** *Enter Any Text*		
Validity	**: 26-10-2024** To **25-10-2025**				
Gender	**: Male**				
Date Of Birth	**: 30-Sep-2008**				
Patient's Tel No	**: 0551080254**				

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

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : pc : high grade fever with body pain hopc : pt came with high grade fever along with cough and body pain for the last two days o/e chst is congested throat mild hyperemic follow up crp high 19.2

Duration: *Enter Any Text*

Vitals: Temp : 37 Bp :120 Pulse :88 Resp :18

Vitals: Temp : 37 Bp :120 Pulse :88 Resp :18

Clinical Findings: *Enter Any Text*

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R50.9 - Fever, unspecified,E86.0 - Dehydration,E55.9 - Vitamin D deficiency, unspecified,

Date of Onset :17/51/

Requested Investigations: 0195-107704-0801, CEFTRIAXONE-TABUK IV,96365, THER/PROPH/DIAG IV INF INIT,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96374, THER/PROPH/DIAG INJ IV PUSH,9.01, Follow Up Consultation GP

Estimated Cost : *Enter Any Text*

Prescriptions: 5915-640420-0061 - (VITAMIN D3 (CHOLECALCIFEROL) : 10000 IU) CAPSULES,0397-116207-0391 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS,

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.

Dr. Aisha Umer
Physician- General Practitioner

Dr's

PATIENT'S DECLARATION :

I hereby authorize any Healthcare provide Employer or other organization to release regarding my medical condition & history determining insurance benefits.

Patient 's