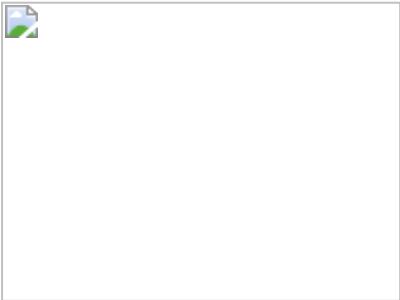


Patient Name	: AZHAR MEHMOOD KHAN MUHAMMAD SAFDAR KHAN	Service Date	:05-Aug-2025	Network	: Green												
Card No	: I011-029-118340965-01	Health Provider	:CITICARE MEDICAL CENTER LLC	Direct Access SP													
Policy Holder	: AZHAR MEHMOOD KHAN MUHAMMAD SAFDAR KHAN	Doctor's Name	:KEERTHANA														
Payer Name	: AL SAGR NATIONAL INSURANCE COMPANY	Co-Insurance	<table><tr><td>CONSULTATION</td><td>LAB/RADIOLOGY</td><td>PHYSIO</td><td>PHARMACY</td><td>IP</td><td>MATER</td></tr><tr><td>10% max</td><td>NIL</td><td>NIL</td><td>NIL LIMIT</td><td>NIL</td><td>10%</td></tr></table>			CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATER	10% max	NIL	NIL	NIL LIMIT	NIL	10%
CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATER												
10% max	NIL	NIL	NIL LIMIT	NIL	10%												
TPA	: E CARE - Blue Network																
Validity	: 20-02-2025 To 20-02-2026	Remarks															
Gender	: Male																
Date Of Birth	: 21-Dec-1987																
Patient's Tel No	: 0563776456																

☐ Acute	☐ Pre-existing and chronic	☐ Maternity
Chief Complaints : PC left sided headache HOPC pt presented with complaints of left sided pulsating headache,pain back of neck since yesterday Not associated with fever\nausea\vomiting He had proper sleep O\e conscious oriented BP IS high 160\100 mmHg No history of drug allergy K\C\O\ T2DM on insulin		
Duration:		
Vitals: Temp : 36.6 Bp :160 Pulse :88 Resp :18		
Clinical Findings:		
Diagnosis: R51.9 - Headache, unspecified,		Date of Onset : 05/36/20
Requested Investigations: 0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,9, Consultation GP,96372, THER/PROPH/DIAG INJ SC/IM		Estimated Cost :
Prescriptions: 0240-223401-1171 - (NAPROXEN : 500 MG) TABLETS,		Estimated Cost :

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 Healthca Employer or other organization regarding my medical condition determining insurance benefits.	
Dr's Name : KEERTHANA	Stamp : د. کیرثانا رانی پادیپورایل ثارا Dr. Keerthana Rani Padippurayil Thara General Practitioner License No.: 37864046-001 مرکز سیتیکیئر الطبی ذم م CITICARE MEDICAL CENTER LLC	Patient 's signature{Parent : if minor}	
Signature : 	Date : 05-Aug-2025		