eASOAP FORM



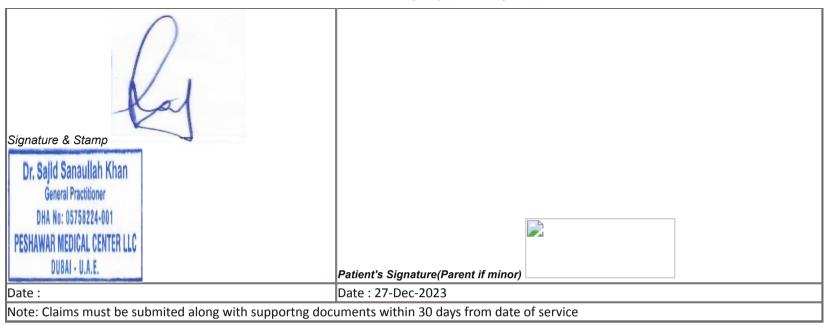
at the Irham Medical Center Arjan			
lidity Between:	29/01/2023 and 28/01/2024		
verage Informaton 	Out Patient		
rtw∩rk'	RN UAE (Al Ansari-AUH)- MEDGULF		
diology:	Covered		
armacy:	Co-Part: 20%		
boratory:	Covered		
v::et d	erage Informaton work: iology: rmacy:		

SUBJECTIVE ASSESSMENT

Symptom(s) as described by the patent (Chief Complaint):					Date of Symptoms/illness started			
Complaint						MM	YYYY	
SEVERE CHEST PAIN SINCE TODAY MORNING WHEN AT WORK IN RESTAURANT 26/12/2023								
Deat Medical Consists History	Over				Date of Symptoms/illness started			
Past Medical Surgical History?	○Yes	○No		DD	MM	YYYY		
Obs/Gyn Claims					Date of Symptoms/illness started			

							DD	MM	YYYY	
Para	Gravida:	□ АВ:	LMP:	Marital Status	ŝ:	Marital Date:				
Mhat date did t	he Patient first feel san		Symptom(s)	· dd mm yaaa	,					
	nder any type of Treatn		•			esment and since who				
				II yes, illuleae	Wilat Asse.	33IIICIII ana 3IIICC wiic	<u></u>			
Clinical Findin	ASSESSMENT <i>(To be co</i>	ompietea b	y Pnysician)		Vital Signs :	D/D · 122	Г : 36.6	HR : 61	RR	
					: 22	D/F . 123	. 30.0	11IN . U±		
Assessment/D INI	Diagnosis : CACU DICATE DIAGNOSIS N		Chronic TOM	O Confirme	d OSusp	pected				
Туре		Code		Diagnosis						
Primary		R07.9		Chest pain,	unspecified					
Secondary		R00.1		Bradycardia, unspecified						
Secondary	condary E03.9 Hypothyroidism, unspecified									
ACCIDENT/OC	CUPATIONAL Claim Ir	nformator	(complete	if claim is a re	sult of accid	lent or work related i	Ilness/inj	ury)		
Accident or illness due to work? Injury due to r accident?			to road	Describe how the accident or work related injury/illness occur:						
○ Yes ○ No ○ Yes ○) No							
Date of accident or beginning of illness:										
MEDICAL PLAN	N Itemized Original In	voices and	Applicable	Prescriptions ,	/ Reports / F	Results must be enclo	sed to con	sider claim		
CPT Code	Treatment						Ty	уре	Price	
94664		Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device					lizer, Co	o.Pay	20.0000	
82550	Creatine kinase	(CK), (CPK); total				La	ab	20.0000	
84484	Troponin, quant	Troponin, quantitative						ab	35.0000	
84443	Thyroid stimula	Thyroid stimulating hormone (TSH)					La	ab	40.0000	
84479	Thyroid hormor	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)					La	ab	20.0000	
85027	Blood count; co	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)					La	ab	15.0000	
0188-135906 2441	PULMICORT					Pl	harmacy	10.4800		

	CPT Code	Treatment							Туре	Price
	0006-124513- 2071	VENTOLIN NEBL	General Consultation	1.2300						
	9	CONSULTATION GP							General Consultation	25.0000
	93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report								40.0000
	Code	Generic				Duration	Instruction	ns		
	0006-402804- 2481	(SALBUTAMO FREE)	DL(AS SULPHATE) : 2 M	G/5ML) SYRUP (SUGAR 7 Take 5ML 3 others				3 Time(s) per Day For 7 Day(s)		
	Pharmacy:		Estmated Costs		Claborato	ry / Radiolo	gy:	Estmated Costs		
			O Surgery:		○ Endoscopy:					
Is	the following red	quired	O Physiotherapy:		Other Procedures:					
L				If yes please specify						
Is	In-patient Require	ed ? Length of Stay	/		Indicate Prov	vider			Estimate	e Cost
			nentoned are correct	I hereby auth			vider, Insure	r, E	mployer or other Org	
		services shown o							on and history to NEX	
		l & necessary for	the management of	1 ' '	-		-	dic	al management is the	e sole
\vdash	is case.			responsibility	of doctor and	d the patent	•			
-		lame : Sajid San a	ullah							
Те	el / Fax (important)	:								
1										



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