Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: EI THET HTAR KHIN**	**Service Date**	**:14-Jan-2024**	**Network**	**:** Green
Card No	**: I017-029-120176773-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: EI THET HTAR KHIN**	**Doctor's Name**	**:Sajid Sanaullah**		
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:		
TPA	**: E CARE - Green Network**	**Remarks**	**:**		
Validity	**: 01-01-1900** To **30-09-2024**				
Gender	**: Female**				
Date Of Birth	**: 20-Jun-1999**				
Patient's Tel No	**: 505437451**				

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

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : c/o pain in right hypochondrium and epigastrium since 2 days , severe in intensity, localized , with no relieving or aggravating factors had no fever , **Duration:**

Vitals: Temp : 36.6 Bp :106 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: R10.13 - Epigastric pain,R10.11 - Right upper quadrant pain,R11.0 - Nausea,R63.0 - Anorexia, **Date of Onset :**14/57/2024

Requested Investigations: 0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,96365, THER/PROPH/DIAG IV INF INIT,96360, HYDRATION IV INFUSION INIT,96374, THER/PROPH/DIAG INJ IV PUSH,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,80076, HEPATIC FUNCTION PANEL,86141, C TO REACTIVE PROTEIN HIGH SENSITIVITY,85652, SEDIMENTATION RATE RBC AUTOMATED,82948, REAGENT STRIP/BLOOD GLUCOSE,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,9, Consultation GP **Estimated Cost :**

Prescriptions: 0415-168201-0391 - (DOMPERIDONE : 10 MG) FILM COATED TABLETS,0207-632002-1751 - (PANTOPRAZOLE (AS SODIUM SESQUIHYDRATE) : 40 MG) GASTRO-RESISTANT TABLETS, **Estimated Cost :**

MEDICAL PRACTITIONER DECLARATION : **PATIENT'S 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.

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 : Sajid Sanaullah

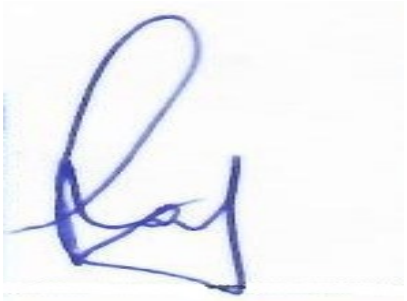
Stamp :

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No: 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

Date : 14-Jan-2024

Signature :



Date : 14-Jan-2024