

Administrative

Patient Name : ALEXANDRA MANKO

Card No : I035-029-116556465-01

Policy Holder : ALEXANDRA MANKO

Payer Name : SALAMA – Islamic Arab Insurance Company

TPA : E CARE - Green Network

Validity : 01-01-1900 To 20-12-2024

Gender : Female

Date Of Birth : 05-Feb-1991

Patient's Tel No : 529790034

Service Date :17-Jan-2024

Health Provider :Irham Medical Center Arjan

Doctor's Name :Sajid Sanaullah

Co-Insurance :

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

Remarks :

Network : Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : C/O COUGH ,FEVER,RUNNY NOSE ,BODY PAIN AND THROAT PAIN SINCE 2 DAYS ON EXAMINATION PATIENT HAS HYPREMIC THROAT WITH MILDLY INFLAMMED TONSILLS, ON CHEST EXAMINATION ,MODERATE CONGESTION BUT NO WHEEZING

Vitals:Temp : 38.7 Bp :122 Pulse :110 Resp :22

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,J06.9 - Acute upper respiratory infection, unspecified,R05 - Cough,R09.89 - Oth symptoms and signs involving the circ and resp systems,R52 - Pain, unspecified,

Date of Onset :17/51/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,0195-107704-0802, CEFTRIAXONE-TABUK IM-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,9, Consultation GP

Estimated : Cost

Prescriptions: 0096-106304-0271 - (ASCORBIC ACID (VITAMIN C) : 1 G) EFFERVESCENT TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,1401-395404-0391 - (MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS,0005-119805-1173 - (PREDNISOLONE : 5 MG) TABLETS,0006-106601-0393 - (PARACETAMOL : 500 MG) FILM COATED TABLETS,0139-116207-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 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.

Dr's Name : Sajid Sanaullah

Stamp :

Dr. Sajid Sanaullah Khan

General Practitioner

DHA No: 05758224-001

PESHAWAR MEDICAL CENTER LLC

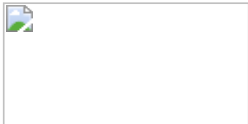
DUBAI - U.A.E.

Signature :

Date : 17-Jan-2024

PATIENT'S DECLARATION :
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.

Patient 's signature{Parent : if minor}



17-
Date : Jan-
2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=45417&patld=52285

1/1