

Administrative

Patient Name

VISHAL KUMAR CHAUDHARY

Card No

: I011-029-119736610-01

Policy Holder

VISHAL KUMAR CHAUDHARY

Payer Name

AL SAGR NATIONAL INSURANCE COMPANY

TPA

: E CARE - Green Network

Validity

: 19-06-2023 To 18-06-2024

Gender

: Male

Date Of Birth

: 06-Aug-1993

Patient's Tel No

: 0523004789

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

:

Claim Ref:

Network : Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

: c/o of weakness, fever and bodyaches since 2 days , not associated with cough complains of cold and sweating on and off history of smoking since 6 years no known diabetes,hypertension or heart disease loss of taste since 1 day on examination patient has chest congestion otherwise no breathing difficulty

Duration:

Vitals

:Temp : 36.8 Bp :125 Pulse :78 Resp :22

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R53.1 - Weakness,R09.89 - Oth symptoms and signs involving the circ and resp systems,

Date of Onset :17/31/2024

Requested Investigations:

0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,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,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,9, Consultation GP

Estimated : Cost

Prescriptions:

0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0006-106601-0392 - (PARACETAMOL : 500 MG) FILM COATED TABLETS,1233-402701-1171 - (PANTOTHENIC ACID (VITAMIN B5) : 6 MG) (PHOSPHORUS : 125 MG) (CHOLECALCIFEROL : 400 IU) (RIBOFLAVINE (VITAMIN B2) : 1.6 MG) (BIOTIN : 100 MCG) (FOLIC ACID : 195 MCG) (THIAMINE (VITAMIN B1) : 1.4 MG) (PHYTONADIONE (VITAMIN K1) : 30 MCG) (PYRIDOXINE (VITAMIN B6) : 2 MG) (ASCORBIC ACID (VITAMIN C) : 60 MG) (VITAMIN A : 4000 IU) (VITAMIN E : 14.9 IU) (LUTEIN : 1000 MCG) (MOLYBDENUM : 50 MCG) (IRON (FERROUS FUMARATE) : 10 MG) (NIACINAMIDE : 18 MG) (VITAMIN B12 : 1 MCG) (SELENIUM (AS SODIUM SELENATE),1401-395404-0391 - (MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED 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 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.

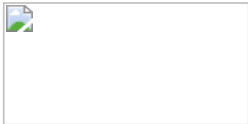
Signature :



Date

: 17-Jan-2024

Patient 's signature{Parent : if minor}



17-Date : Jan-2024

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