

Administrative

Patient Name

: DOHA MOHAMED MOHAMED FARID WAGDI

Card No

: I011-029-119265996-01

Policy Holder

: DOHA MOHAMED MOHAMED FARID WAGDI

Payer Name

: AL SAGR NATIONAL INSURANCE COMPANY

TPA

: E CARE - Green Network

Validity

: 05-04-2023 To 04-04-2024

Gender

: Female

Date Of Birth

: 20-Sep-1984

Patient's Tel No

: 0503566621

Service Date

:18-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 SEVERE HEADACHES AND SEVERE DIFFICULTY IS BREATHING SINCE 3 YEARS AFTER SHE GAVE BIRTH AND NOT RELIEVED BY INHALERS FAMILY HISTORY OF COPD AND ASTHMA AND HER MOTHER DIED OF COPD COMPLAINS OF WEAKNESS AND LETHARGY complains of recent weight gain

Duration:

Vitals:

Clinical Findings:

Diagnosis

: R06.02 - Shortness of breath,E55.9 - Vitamin D deficiency, unspecified,E03.9 - Hypothyroidism, unspecified,R20.2 - Paresthesia of skin,R51.9 - Headache, unspecified,

Date of Onset

:18/32/2024

Requested Investigations

: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,85652, SEDIMENTATION RATE RBC AUTOMATED,82306, 25 HYDROXY INCLUDES FRACTIONS IF PERFORMED,82746, FOLIC ACID SERUM,84443, THYROID STIMULATING HORMONE TSH,82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,94640, AIRWAY INHALATION TREATMENT,9, Consultation GP

Estimated Cost

Prescriptions

: 2552-624301-3591 - (AZELASTINE HCL : 1 MG / 1 ML) (FLUTICASONE PROPIONATE : 0.365 MG / ML) SUSPENSION FOR NASAL SPRAY,0005-252201-0391 - (CAFFEINE : 65 MG) (IBUPROFEN : 400 MG) FILM COATED TABLETS,0006-106601-0391 - (PARACETAMOL : 500 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.

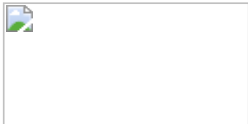
Signature

:

Date

: 18-Jan-2024

Patient 's signature{Parent : if minor}



18-Jan-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=45445&patld=49738

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