

Administrative

Patient Name

: ROBIN CHACKO

Card No

: I017-029-118348472-02

Policy Holder

: ROBIN CHACKO

Payer Name

: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA

: E CARE - Green Network

Validity

: 01-10-2023 To 30-09-2024

Gender

: Male

Date Of Birth

: 13-Jul-1991

Patient's Tel No

: 0503493858

Service Date

:03-Feb-2024

Health Provider

:Irham Medical Center Arjan

Doctor's Name

:Sajid Sanaullah

Co-Insurance

Remarks

:

Network

: Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : Pain in throat and flu symptoms since yesterday eveing. Also has fever and weakness. Has allergies to paracetamol.

Duration:

Vitals:Temp : 37.6 Bp :117 Pulse :86 Resp :20

Clinical Findings:

Diagnosis: J06.0 - Acute laryngopharyngitis,J00 - Acute nasopharyngitis [common cold],

Date of Onset :03/38/2024

Requested Investigations: 9, Consultation GP

Estimated Cost :

Prescriptions: 0069-108001-0111 - (IBUPROFEN : 200 MG) (PSEUDOEPHEDRINE : 30 MG) COATED TABLETS,0027-128802-2021 - (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,1204-571401-1161 - (GUAIFENESIN : 100 MG/5ML) (PSEUDOEPHEDRINE HCL : 30 MG/5ML) (TRIPROLIDINE HCL : 1.25 MG/5ML) SYRUP,

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

: 03-Feb-2024

Patient 's signature{Parent : if minor}



03-Feb-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=45915&patld=38355

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