

Administrative

Patient Name

: ZEESHAN AHMAD AZIZ AHMAD

Card No

: I011-029-119743227-01

Policy Holder

: ZEESHAN AHMAD AZIZ AHMAD

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

: 07-Jan-1990

Patient's Tel No

: 0561427224

Service Date

:04-Feb-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

Network

: Green

Direct Access SP

- YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

: C/o: Painful swelling on the left axilla. Has recurrent history of same. He morbidly obese with a BMI of 42.1 Counselling on the need for weight loss. For RBS now.

Duration:

Vitals

:Temp : 36.8 Bp :130 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: L08.9 - Local infection of the skin and subcutaneous tissue, unsp,L02.214 - Cutaneous abscess of groin,E78.01 - Familial hypercholesterolemia,

Date of Onset

:04/09/2024

Requested Investigations

: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP

Estimated Cost

:

Prescriptions

: 0696-107902-0392 - (IBUPROFEN : 400 MG) FILM COATED TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 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.

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.

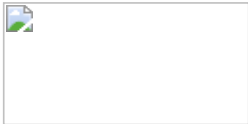
Signature



Date

: 04-Feb-2024

Patient's signature{Parent if minor}



Date

: Feb-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=45942&patld=49952

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