

Administrative

Patient Name : IRFAN SHAFFI MUHAMMAD SHAFFI

Card No : I017-029-117977933-02

Policy Holder : IRFAN SHAFFI MUHAMMAD SHAFFI

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 : 03-Dec-1985

Patient's Tel No : 0524544336

Service Date :12-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

Remarks :

Network : Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : C/o: Pain in throat, cough productive of sputum. Also has blocked nostrils and running nose. Know diabetic not compliant with lifestyle modification and not compliant with medication. For FBS tomorrow morning.

Duration:

Vitals:Temp : 36.9 Bp :110 Pulse :82 Resp :18

Clinical Findings:

Diagnosis: J02.8 - Acute pharyngitis due to other specified organisms,J00 - Acute nasopharyngitis [common cold],J30.9 Allergic rhinitis, unspecified,E11.65 - Type 2 diabetes mellitus with hyperglycemia,E78.2 - Mixed hyperlipidemia,E79.0 - Hyperuricemia w/o signs of inflam arthrit and tophaceous dis,M17.9 - Osteoarthritis of knee, unspecified,M25.569 - Pain in unspecified knee,

Date of :12/10/2024

Onset

Requested Investigations: 82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP,80061, LIPID PANEL,83036, HEMOGLOBIN GLYCOSYLATED A1C,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,84550, URIC ACID BLOOD,9, Consultation GP

Estimated : Cost

Prescriptions: 1204-571401-1161 - (GUAIFENESIN : 100 MG/5ML) (PSEUDOEPHEDRINE HCL : 30 MG/5ML) (TRIPROLIDINE HCL : 1.25 MG/5ML) SYRUP,0188-232401-0392 - (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS,0090-122303-0392 - (ETORICOXIB : 90 MG) FILM COATED TABLETS,2093-596002-0432 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL,0027-142201-0831 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 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.

Dr's Name : Sajid Sanaullah

Stamp :

Dr. Sajid Sanaullah Khan

General Practitioner

DHA No: 05758224-001

PESHAWAR MEDICAL CENTER LLC

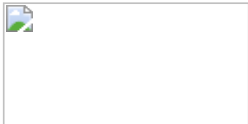
DUBAI - U.A.E.

Signature :

Date : 12-Feb-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}



12-
Date : Feb-
2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appId=46154&patId=38087

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