

Administrative

Patient Name

: BIRBAL TAMANG SUMAN LAMA

Card No

: I017-029-117090887-02

Policy Holder

: BIRBAL TAMANG SUMAN LAMA

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

: 23-Apr-1995

Patient's Tel No

: 0568946281

Service Date

: 13-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: Pain in throat, coughing productive of clear sputum Symptoms started two days ago. There is no fever.

Vitals

:Temp : 36.7 Bp :131 Pulse :82 Resp :22

Clinical Findings:

Diagnosis:

J02.8 - Acute pharyngitis due to other specified organisms,J00 - Acute nasopharyngitis [common cold],J30.9 - Allergic rhinitis, unspecified,

Date of Onset

: 13/55/2024

Requested Investigations:

9, Consultation GP

Estimated Cost

:

Prescriptions:

6534-101502-0271 - (ACETYLCYSTEINE : 600 MG) EFFERVESCENT TABLETS,1516-107902-1171 - (IBUPROFEN : 400 MG) TABLETS,1111-183202-0391 - (FEXOFENADINE HCL : 180 MG) FILM COATED TABLETS,1204-571401-1161 - (GUAIFENESIN : 100 MG/5ML) (PSEUDOEPHEDRINE HCL : 30 MG/5ML) (TRIPROLIDINE HCL : 1.25 MG/5ML) SYRUP,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

Signature :



Stamp :



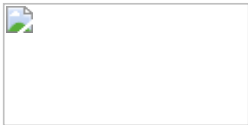
Date :

13-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}



Date :

13-Feb-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appId=46184&patId=38235

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