

Administrative

Patient Name

: NAYOMI TRIKSI ANJANA PERUMA BADU

Card No

: I017-029-118053016-02

Policy Holder

: NAYOMI TRIKSI ANJANA PERUMA BADU

Payer Name

: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA

: E CARE - Green Network

Validity

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

Gender

: Female

Date Of Birth

: 18-Aug-1994

Patient's Tel No

: 0505375390

Service Date

: 15-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

: C/o: Nasal congestion, flu symptoms, since two days, There is no fever, but has body pains, cough and generalized body pains. cough is not productive. Has no known allergies, no previous medical condition, not hypertensive and not diabetic.

Duration:

Vitals

:Temp : 36.7 Bp :106 Pulse :88 Resp :18

Clinical Findings:

Diagnosis

: J06.9 - Acute upper respiratory infection, unspecified,J30.9 - Allergic rhinitis, unspecified,J00 - Acute nasopharyngitis [common cold],R50.9 - Fever, unspecified,

Date of Onset

: 15/12/2024

Requested Investigations

: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,0195-107704-0801, CEFTRIAXONE-TABUK IV,96365, THER/PROPH/DIAG IV INF INIT,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0005-149902-1021, CLOFEN ,0005-111805-1021, CHLOROHISTOL 10MG,9, Consultation GP,96374, THER/PROPH/DIAG INJ IV PUSH,96372, THER/PROPH/DIAG INJ SC/IM

Estimated : Cost

Prescriptions

: 0097-127405-0391 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,1204-571401-1161 - (GUAIFENESIN : 100 MG/5ML) (PSEUDOEPHEDRINE HCL : 30 MG/5ML) (TRIPROLIDINE HCL : 1.25 MG/5ML) SYRUP,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0027-128802-2021 - (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS,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.

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

Signature

Date

: 15-Feb-2024

Patient 's signature{Parent : if minor}

Date

: 15-Feb-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=46236&patId=39883

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