Administrative MEDICAL CLAIM FORM

Service ANUHAS KITHUN OSHAN **Patient** :15-Feb-2024 Network : Green Date **HETTIARACHCHI** Name

Health :Irham Medical Center Arjan **Direct Access SP - YES Card No** : 1017-029-117741005-02

Provider **Policy ANUHAS KITHUN OSHAN** Doctor's :Sajid Sanaullah

HETTIARACHCHI Holder Name **ABU DHABI NATIONAL** CONSULTATION LAB/RADIOLOGY PHYSIO PHARMACY IP

MATERNITY DENTAL Co-**Payer** : INSURANCE COMPANY-Insurance Name 10% max NIL NIL NIL LIMIT NIL | 10% INA ADNIC

: E CARE - Green Network TPA Remarks

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

: Male Gender

Date Of : 29-Mar-1997 **Birth**

Patient's : 0563273536 Tel No

☐ Acute ☐ Pre-existing and chronic Maternity

Chief Complaints: C/o: Pain on the left side of the neck with aassociated stiffness and difficulty Duration:

turning. Started 2 weeks ago but spontaneously resolving as it has now got better. Now has developed similar pain on the right shoulder and upper arm and pain is severe scored as 9/10. '

There is no history of trauma, no fever, no known relieving nor aggravating factor, has no

previous medical conditions, not hypertensive and not diabetic.

Vitals:Temp: 36.7 Bp:124 Pulse:82 Resp:18

Clinical Findings:

Diagnosis: M60.10 - Interstitial myositis of unspecified site, M54.2 - Cervicalgia, M25.511 - Pain in right :15/30/2024 Date of shoulder,G24.3 - Spasmodic torticollis, Onset

DUBAI - U.A.E.

Requested Investigations: 9, Consultation GP,82550, CREATINE KINASE TOTAL,85025, BLOOD COUNT Estimated :

COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION Cost

RATE RBC AUTOMATED

Prescriptions: 0619-149914-0741 - (DICLOFENAC SODIUM : 140 MG) PLASTER,0027-149903-0111 -**Estimated**

(DICLOFENAC SODIUM : 100 MG) COATED TABLETS,1217-373201-2401 - (TOLPERISONE : 150 MG) Cost

SUGAR COATED TABLETS,

MEDICAL PRACTITIONER DECLARATION: PATIENT'S 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.

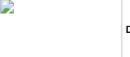
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of

Claim Ref:

determining insurance benefits.

Dr. Sajid Sanaullah Khan **General Practitioner** Dr's : Sajid Sanaullah Stamp: Name DHA No: 05758224-001 PESHAWAR MEDICAL CENTER LLC

Patient 's signature{Parent : if minor}



15-Date: Feb-2024

Signature :

Date : 15-Feb-2024