

Administrative

Patient Name

: JOSE RAFAEL LOPERA EVANGELISTA

Card No

: I017-029-116122138-02

Policy Holder

: JOSE RAFAEL LOPERA EVANGELISTA

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

: 19-Mar-1977

Patient's Tel No

: 0563597129

Service Date

:19-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 : KNOWN DIABETIC SINCE 1 YEAR ALREADY TAKING MEDICATION AND CONTROLLED SUGAR LEVELS ON METFORMIN

Duration:

Vitals:Temp : 36.2 Bp :135 Pulse :87 Resp :22

Clinical Findings:

Diagnosis: E11.9 - Type 2 diabetes mellitus without complications,

Date of Onset : 19/44/2024

Requested Investigations: 9, Consultation GP

Estimated Cost :

Prescriptions: 0090-204901-0391 - (SITAGLIPTIN (AS PHOSPHATE) : 50 MG) (METFORMIN HCL : 1000 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 :

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No: 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

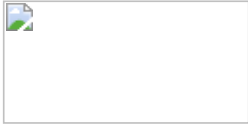
Signature :



Date

: 19-Feb-2024

Patient 's signature{Parent : if minor}



Date : Feb-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=46327&patld=40288

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