

Administrative

Patient Name

: MANISHA ANJALI
SENANAYAKA GAMAGE

Card No

: I017-029-118993192-01

Policy Holder

: MANISHA ANJALI
SENANAYAKA GAMAGE

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

: 01-Sep-1997

Patient's Tel No

: 0525455742

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 : C/O HEAVY PV BLEEDING SINCE 2 MONTHD ,4-5 PADS PER DAY NO KNOWN
MEDICINE ALLERGY

Duration:

Vitals:Temp : 36.7 Bp :111 Pulse :78 Resp :22

Clinical Findings:

Diagnosis: N93.9 - Abnormal uterine and vaginal bleeding, unspecified,

Date of Onset :19/39/2024

Requested Investigations: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO
DIFRNTL WBC COUNT,85651, SEDIMENTATION RATE RBC NON AUTOMATED,85610, PROTHROMBIN
TIME,85730, THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD

Estimated Cost :

Prescriptions:

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 :



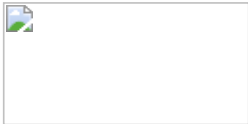
Date

: 19-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}



19-
Feb-
2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=46329&patld=42904

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