

Administrative

Patient Name

: SONU BECHAN PRASAD

: GUPTA BECHAN PRASAD

BHAGHWATI GUPTA

Card No

: I017-029-116461172-02

Policy Holder

: SONU BECHAN PRASAD

: GUPTA BECHAN PRASAD

BHAGHWATI GUPTA

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

: 22-Jun-1994

Patient's Tel No

: 0556913295

Service Date

:21-Feb-2024

Health Provider

:Irham Medical Center Arjan

Doctor's Name

:Sajid Sanaullah

Co-Insurance

Network

: Green

Direct Access SP - YES

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Remarks

:

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

: C/O PAIN IN ABDOMEN SINCE YESTERDAY

Duration

:

Vitals:Temp

: 36.7 Bp :121 Pulse :72 Resp :22

Clinical Findings:

Diagnosis: K29.70 - Gastritis, unspecified, without bleeding,R14.0 - Abdominal distension (gaseous),R10.9 - Unspecified abdominal pain,

Date of Onset

:21/36/2024

Requested Investigations: 9, Consultation GP,0005-242802-0781, PANTONIX 40MG I.V.- (PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,0005-136504-1021, SCOPINAL- (HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION,96374, THER/PROPH/DIAG INJ IV PUSH

Estimated Cost

:

Prescriptions: 0042-136501-1171 - (HYOSCINE : 10 MG) TABLETS,0219-533801-0391 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 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 :

Dr. Sajid Sanaullah Khan

General Practitioner

DHA No: 05758224-001

PESHAWAR MEDICAL CENTER LLC

DUBAI - U.A.E.

Date

: 21-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

: 21-Feb-2024