

Administrative

Patient Name : PRASANTH SELVARAJAH

Card No : I017-029-117672857-02

Policy Holder : PRASANTH SELVARAJAH

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 : 10-Jun-1997

Patient's Tel No : 971503593847

Service Date :23-Feb-2024

Health Provider :Irham Medical Center Arjan

Doctor's Name :Sajid Sanaullah

Co-Insurance :

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

Remarks :

Network : Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : severe skin rash since three days started from small papules now scaling and itching started 20/2/2024

Vitals:Temp : 36.7 Bp :111 Pulse :62 Resp :22

Clinical Findings:

Diagnosis: T78.40XA - Allergy, unspecified, initial encounter, Date of Onset : 23/51/2024

Requested Investigations: 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-111805-1021, CHLOROHISTOL 10MG,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP Estimated Cost :

Prescriptions: 7048-140201-0061 - (FLUCONAZOLE : 150 MG) CAPSULES,0205-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0207-214402-0151 - (BETAMETHASONE : N/A) (CLOTRIMAZOLE : N/A) CREAM, 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

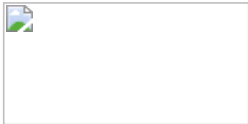
PESHAWAR MEDICAL CENTER LLC

DUBAI - U.A.E.

Signature :

Date : 23-Feb-2024

Patient 's signature{Parent : if minor}



Date : Feb-2024