

Administrative

Patient Name : ANISH PARIYAR

Card No : I005-029-117534793-01

Policy Holder : ANISH PARIYAR

Payer Name : DUBAI INSURANCE COMPANY

TPA : E CARE - Blue Network

Validity : 23-11-2023 To 22-11-2024

Gender : Male

Date Of Birth : 26-Apr-2002

Patient's Tel No : 0561509706

Service Date :28-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 : postular rashes all over on scalp but mainly in occipital region since 20 days Duration:

Vitals:Temp : 36.8 Bp :128 Pulse :82 Resp :18

Clinical Findings:

Diagnosis: L08.9 - Local infection of the skin and subcutaneous tissue, unsp,L66.3 - Perifolliculitis capitis abscedens, Date of Onset :28/41/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0005-128701-1453 - (TETRACYCLINE : 250 MG) CAPSULES (HARD GELATIN),0005-142801-1452 - (CEPHALEXIN : 500 MG) CAPSULES (HARD GELATIN),0009-149102-0431 - (CLINDAMYCIN : 1%) GEL, 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

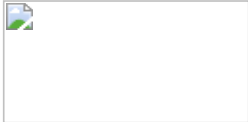
PESHAWAR MEDICAL CENTER LLC

DUBAI - U.A.E.

Signature :

Date : 28-Feb-2024

Patient ‘s signature{Parent : if minor}



28-Feb-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=46579&patId=49591

1/1