

Administrative

Patient Name

: DENVER WILLIAM WILLIAM FLEMING

Card No

: I017-029-116125763-02

Policy Holder

: DENVER WILLIAM WILLIAM FLEMING

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

: 03-Apr-1995

Patient's Tel No

: 0526257206

Service Date

:29-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 : F/U MEASLES MULTIPLE PAPULAR AND POSTULAR RASHES ALL OVER THE BODY

Duration:

Vitals:Temp : 37.8 Bp :140 Pulse :75 Resp :22

Clinical Findings:

Diagnosis: B05.9 - Measles without complication,J06.9 - Acute upper respiratory infection, unspecified,R50.9 - Fever, unspecified,

Date of Onset :29/16/2024

Requested Investigations: 9.01, Follow Up Consultation GP

Estimated Cost :

Prescriptions: 2027-560101-0391 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0006-106601-0392 - (PARACETAMOL : 500 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

: 29-Feb-2024

Patient 's signature{Parent : if minor}



Date : Feb-2024

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https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appId=46615&patId=38206

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