

Administrative

Patient Name : GANGA KERUNG

Card No : I040-029-113718932-01

Policy Holder : GANGA KERUNG

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

Validity : 02-01-2024 To 01-01-2025

Gender : Male

Date Of Birth : 08-Oct-1981

Patient's Tel No : 0503621186

Service Date :05-Mar-2024

Health Provider :Irham Medical Center Arjan

Doctor's Name :Sajid Sanaullah

Co-Insurance :

Remarks :

Network : Green

Direct Access SP - YES

|                                |                                                   |                                    |
|--------------------------------|---------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Acute | <input type="checkbox"/> Pre-existing and chronic | <input type="checkbox"/> Maternity |
|--------------------------------|---------------------------------------------------|------------------------------------|

Chief Complaints : C/o: Rashes on the abdomen. Rashes are highly pruritic and itching increases when touched. Rashes are located in clusters on the right lumbar region and another cluster of similar rashes on the left lumbar region. Exam: Papular rashes with erythematous base.

Vitals:Temp : 36.5 Bp :134 Pulse :76 Resp :20

Clinical Findings:

Diagnosis: L20.9 - Atopic dermatitis, unspecified,L29.8 - Other pruritus,B49 - Unspecified mycosis,M54.5 - Low back pain,

Date of Onset :05/36/2024

Requested Investigations: 9, Consultation GP

Estimated Cost :

Prescriptions: 1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS,0006-149803-0151 - (CLOBETASOL PROPIONATE : 0.5 MG/G) CREAM,0027-109204-1171 - (TERBINAFINE (AS HCL) : 250 MG) TABLETS,1111-183202-0391 - (FEXOFENADINE HCL : 180 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

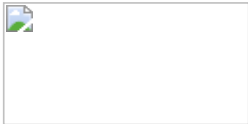
Stamp :

Dr. Sajid Sanaullah Khan  
General Practitioner  
DHA No: 05758224-001  
PESHAWAR MEDICAL CENTER LLC  
DUBAI - U.A.E.

Signature :

Date : 05-Mar-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 : Mar-2024

https://irhamc.visionsoftwares.ae/mr\_ecare\_claim\_print.aspx?appld=46764&patId=28445

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