

Administrative

Patient Name : RAM BAHADUR PARIYAR

Card No : I017-029-119055710-01

Policy Holder : RAM BAHADUR PARIYAR

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-May-1982

Patient's Tel No : 0504266519

Service Date :15-Mar-2024

Health Provider :Irham Medical Center Arjan

Doctor's Name :Enomen Goodluck

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 : C/o: Pain on both feet, worst on the right foot. Also weakness, and tiredness

Duration: Has history of hyperuricemia. Frequency of urine and nocturia of 3 times per night.

Vitals:Temp : 36.8 Bp :140 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: M10.9 - Gout, unspecified,E11.42 - Type 2 diabetes mellitus with diabetic polyneuropathy,E55.9 - Vitamin D deficiency, unspecified,M79.671 - Pain in right foot,M79.2 - Neuralgia and neuritis, unspecified,

Date of Onset :15/44/2024

Requested Investigations: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP,83036, HEMOGLOBIN GLYCOSYLATED A1C,84550, URIC ACID BLOOD,84591, VITAMIN NOT OTHERWISE SPECIFIED,86140, C REACTIVE PROTEIN

Estimated : Cost

Prescriptions: 5254-830602-2401 - (VITAMIN B1 (THIAMINE) : 100 MG) (VITAMIN B6 (AS PYRIDOXINE HCL) : 200 MG) (VITAMIN B12 (CYANOCOBALAMIN) : 200 MCG) SUGAR COATED TABLETS,0426-160701-2541 - (METHYL SALICYLATE : N/A) (HYDROXYETHYL SALICYLATE : N/A) (ETHYL SALICYLATE : N/A) (METHYL NICOTINATE : N/A) TOPICAL AEROSOL SPRAY,0027-149903-0391 - (DICLOFENAC SODIUM : 100 MG) FILM COATED TABLETS,

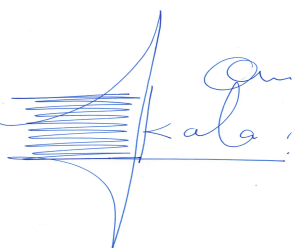
Estimated : Cost

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 : Enomen Goodluck

Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
BUBAI - U.A.E.

Signature :

Date : 15-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}



15-
Date : Mar-
2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=47002&patId=41795

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