

Administrative

Patient Name

: NEEVAN NEWTON FERNANDES

Card No

: I017-029-118947916-01

Policy Holder

: NEEVAN NEWTON FERNANDES

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

: 27-Jun-2001

Patient's Tel No

: 554582536

Service Date

: 29-Apr-2024

Health Provider

: Irham Medical Center Arjan

Doctor's Name

: Enomen Goodluck

Co-Insurance

Remarks

:

Network

: Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : For follow up and to take last dose of injection

Duration :

Vitals:Temp : 36.5 Bp :125 Pulse :72 Resp :22

Clinical Findings:

Diagnosis: L03.115 - Cellulitis of right lower limb,G89.11 - Acute pain due to trauma,

Date of Onset :29/39/2024

Requested Investigations: 9.01, Follow Up Consultation GP,96365, THER/PROPH/DIAG IV INF INIT,0195-107704-0801, CEFTRIAXONE-TABUK IV,96372, THER/PROPH/DIAG INJ SC/IM,0046-149902-0511, INFLA-BAN

Estimated Cost :

Prescriptions:

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
DUBAI - U.A.E.

Signature :



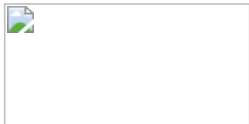
Date

: 29-Apr-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}



29-Apr-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=47852&patld=52675

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