
Patient 29231 MUHAMMAD ADNAN FAZAL REHMAN 784-1987-0462425-7 Repeat
36 Male Pakistani M AL MADALLAH RN4 - QATAR INSURANCE COMPANY - Default Scheme (99999)
Medical History (patient_history.aspx?patId=28046)
Billing History (patient_accounts.aspx?patId=28046)

Appointment Visit ID 55120 22-Nov-2024 Humaira - General - DHA-P-54155530
MRN Activities(Log) Insurance Cards EMID Card

Vitals Alert This Patient has Vitals for Temp: 36.7°C, Pulse: 82bpm, BP: 126mmHg, Height: 172cm, Weight: 70kg, BMI 23.66(Obese), Blood Sugar

**DHA Requirment : Mandotory to fill Chief Complaints, Allergies, Vital Signs, Past**

Start Time | Nurse Station | Doctor Evaluation | Orthopedic Case Assessment | Diagnosis | Treatments/Procedures | Packages | Prescription | Reimbursement Forms | Documents | Progress Notes | Addendum | AL MADALLAH | Other Forms | Sick Leave | End Time | Visit Summary Sheet | Nabidh Clinical Docs | Audit Log | Radiology | Laboratory | Health Declaration | Signed Documents | Image Comparison

oe chest is clear no added sounds

restless

| | | | | |
|---|---|---|---|---|
| Pre-existing Condition(s) being treated for : | ○ No | ○ Yes | If Yes Specify | Ente |
| Chronic Medications: | ○ No | ○ Yes | | Ente |
| Family History of any Illness | ○ No | ○ Yes | | Ente |

**OBJECTIVE/ASSESSMENT**

Clinical Finding

| Date | CPT Code | Treatment | Qty |
|---|---|---|---|
| 22-Nov-2024 | 9 | Consultation GP **(General Consultation)** | 1 |

| Cause | ☐ Physical Illness | ☐ Accident | ☐ Maternity | ☐ Preventive | ☐ Psychiatric | ☐ D |
|---|---|---|---|---|---|---|
| ☐ Other(s) Explain | | | | | | |

| Assessment/ Diagnosis | ☐ Acute | ☐ Chronic | ☐ Conf |
|---|---|---|---|

| Type | Date | Doctor | ICD Code | Diagnosis | Notes | yea |
|---|---|---|---|---|---|---|
| Primary | 22-Nov-2024 | Humaira | M62.838 | Other muscle spasm | | |
| Secondary | 22-Nov-2024 | Humaira | R52 | Pain, unspecified | | |

## MEDICAL PLAN

***Itemized Original Invoices & Applicable Prescriptions/Reports/Results must be enclosed to co***

| ☐ Consultation | ☐ Physiotherapy | ☐ Laboratory | ☐ Radiology/O |
|---|---|---|---|
| | | | For Almadallal |
| Pre-authorization Required for: | | | As per agreed ta |
| Full details of proposed treatment/Surgery/Medicine: | | 2093-596002-0432 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL, | Approval Code: |
| | | | |
| | | | |

## IN-PATIENT

**Discharge summary, Itemized Invoices, Report, Results should be attached**

| Length of stay: | | Provider: AL MADALLAH RN4 | Cost: |
|---|---|---|---|