

Blood group A⁺ve

DOCTOR NOTE

21-12-2017 G6 P₄ A¹ (All NVD - last 4 years)

Lmp = ? 23-9-2017 → EDD = 30-6-2018

u/s → SVF, FH⁺, FM⁺, placenta ant.

GA = 12⁺ day , CBS, R.B.S

Rx folic acid 1x1 x 30 days

Plan → next visit 21-1-2018

Medical Consent Form

I hereby consent and authorize the doctor to treat my medical condition, which has been explained to me by the qualified physician.

I understand that in order to provide me with the most efficient and enhanced service, diagnostic and other procedures may be deemed necessary.

I understand that my treating doctor may discover other or different conditions, which may require additional or different procedures than those planned.

I authorize my treating doctor to perform such procedure, which are advisable in their professional judgment.

I understand that no warranty or guarantee has been made to me as to a result or cure just as there may be risks and hazards in continuing my present condition without treatment, there are also risk and hazards to the performance of the diagnostic and /or surgical procedure. I realize that common surgical or diagnostic procedure are potential for an infection, swelling, bleeding and allergic reaction.

I understand that there are minimal fees to be paid per service and that all fees must be paid in full after the completion of each treatment.

I understand that any information that I provide regarding my medical status will be kept completely confidential and anonymous.

I believe that I have sufficient information to give this consent. I certify that form has been fully explained to me and that I have read it understand its contents.

Patient Signature/ Guardian (In case of minors):

Date:

Dentist Signature:

نموذج إقرار طبي

• أوافق و اسمح للطبيب بعلاج حالتي المرضية والتي تم شرحها لي من قبل الطبيب المختص و المعزل.

• أتفهم انه من أجل ترويدي بالعلاج الأمثل و الخدمة الأفضل، فإن بعض التشخيصات و الإجراءات الطبية الاضافية سوف تكون ضرورية لاستكمال العلاج.

• وأنا اتفهم أن من الممكن ان يكتشف الطبيب خلال العلاج حالات أخرى أو مختلفة عن ما ذكر في الفحص الاولي، والتي قد تتطلب إجراءات إضافية أو مختلفة عن تلك المخطط لها.

• أفوض الطبيب المعالج بإجراء العلاجات اللازمة و المطلوبة بحكم خبرتهم المهنية و العلمية.

• أتفهم انه ليس هناك أي ضمانات أو أي تأمين لنتائج العلاج كما أتفهم ان هناك مخاطر ناتجة عن عدم استكمال علاج حالتي المرضية، و اتفهم تماما كافة الاخطار الناجمة عن الفحوصات و الإجراءات العلاجية و الجراحية. و اتفهم احتمالية حدوث عدوى أو تورم أو نزيف أو حساسية نتيجة للفحص أو الإجراء الطبي

• أتفهم ان هناك رسوم بالحد الأدنى يجب دفعها مقابل الخدمة العلاجية و أن جميع الرسوم المطلوبة يجب سدادها مباشرة بعد الانتهاء من كل علاج.

• إن أي معلومات أقدمها بخصوص حالتي الصحية ستبقى سرية تماما ولا يمكن الاطلاع عليها دون موافقتي.

• أقر اني امتلك المعلومات الكافية لتوقيع هذا الاقرار. و ان هذا النموذج قد تم شرحه لي بالكامل و اني قد قرأت و فهمت جميع تفاصيل هذا الاقرار.

توقيع المريض / الوصي :

التاريخ:

توقيع الطبيب المختص:



REDAD DATA

cAEAlOEBA830DQxO

Confirm Data

Public Data Readed Succ

SHOW READED DATA

Public Data Verification report**File Valid Signature?**

Non-Modifiable Data (SF3)	False
Modifiable Data (SF5)	False
Holder Signature Image (SF7)	False
Photography	False
Home Address	False
Work Address	False

Card Holder Information

Name	Abir,Adib,,,Hasan	IDN:	784198752531313	Mother Name:	
Name (Ar)	عبد اديب ,،،، حسن	Card Number:	084103973	Mother Name (Ar):	
Title:		Nationality:	SYR	Family ID:	
Title (Ar):		Nationality (Ar):	الجمهورية العربية السورية		
Issue Date:	02/07/2017	Sex:	F	Sponsor Type:	03
Expiry Date:	06/04/2020	Date of Birth:	22/03/1987	Sponsor Name:	سيف الدين نور الدين العلي
Marital Status:	02	Husband IDN:		Sponsor Number:	16675715
Residency Type:	03	Residency Number:	20120083089281	Residency Expiry:	06/04/2020
ID Type:	IL	Occupation:	99	Occupation Field:	00



Photo

Signature Image

<http://orchidsvr/EMID/default.aspx>

12/21/2017

LABORATORY INVESTIGATION REPORT

Name : ABIR ADIB **Sample No.** : 17123455
Age/Gender : 30 Years/F **Received** : 21/12/2017 04:14PM
Ref. Physician : Dr. Eman **Registered** : 21/12/2017 04:14PM
Centre : Orchid Medical Center **Reported** : 21/12/2017 04:54PM
Ref No. : 1000103

BIO CHEMISTRY

Test / Parameters	Result	Flag	Units	Reference Range
Glucose (Random)	81.0		mg/dL	< 140

Methodology: Oxidase Method
 Sample Type : Sodium fluoride plasma

*** End Of Report ***

Thana Alwani
 Lab Incharge
 Licence no- T38204



Dr. Hatem Saig

Dr. Hatem Saig
 Pathologist
 Licence no- D44771

Printed on: 21/12/2017 04:55PM

Page 1 of 2

Final Report

P.O.Box:60727,Sharjah-UAE,King Faisal Street,Al Marzooqi Tower,CG Mall,Office-502,Tel-+971 65509991,email-info@alsarhml.com



LABORATORY INVESTIGATION REPORT

Name : ABIR ADIB HASAN
Age/Gender : 31 Years/F
Ref.Physician : Dr. Eman
Centre : Orchid Medical Center
Ref No. : 1000103

Sample No. : 180225403
Received : 07/02/2018 02:32PM
Registered : 07/02/2018 02:31PM
Reported : 07/02/2018 07:10PM

Test / Parameters	Result	Flag	Units	Reference Range
TSH (Thyroid Stimulating Hormone)	3.080		uIU/mL	0.27 - 4.20
Reference Range for Pregnant Patient : First trimester: 0.24 -2.99 Second trimester: 0.46 -2.95 Third trimester: 0.43 -2.78				
Methodology: ECLIA Sample Type : Serum				
*** End Of Report ***				



Dr. Hatem Sang

Dr. Hatem Sang
Pathologist
Licence no- D44771

Thana Alwani
Lab Incharge
Licence no- T38204

Final Report

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Printed on: 07/02/2018 07:35PM



إمّج للتشخيص الطبي Image Diagnostic Centre

Name : Abeer Abed
SID : 803188
Age/Sex : 30 Yrs /Female
Email :
Mobile : 052 2233118

Doctor : Dr. Eman Mohsen
Centre : Orchid Medical Center
Telephone : 065558337
Fax :
Reg. No : 9698

FACE : fetal face seen in the coronal & profile views, both orbits ,nose & mouth appear normal .

THORAX :

Heart appear in the mid position , 4 chambered heart is seen .

however fetal echocardiography is the examination of choice for fetal heart .

ABDOMEN : Abdominal walls appear normal

A three vessel cord is seen with normal cord insertion .
stomach and bowel appears normal .

no evidence of ascites

URINARY TRACT :

Both kidneys and urinary bladder appeared normal .

LIMBS :

The long bones are visualized and appear normal for the period of gestation .
the hands and feet of both sides show no gross abnormality .

IMPRESSION:

Single viable intrauterine gestation of (22 weeks 1 day).

All measurement including estimated fetal weight are subject to statistical variation.
Not all anomalies can be detected by ultrasound examinations, due to its unknown limitations
and Subtle defect may not be seen in all scans.

Registered on: 08-03-2018 13:34

Reported on:

Printed:

Dr. Dunia K. Albadry
Specialist Radiologist
D17695

Image, Quality in Human Care

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Name : Abeer Abed
SID : 803188
Age/Sex : 30 Yrs /Female
Email :
Mobile : 052 2233118

Doctor : Dr. Eman Mohsen
Centre : Orchid Medical Center
Telephone : 065558337
Fax :
Reg. No : 9698

LMP : ?

PREGNANCY ANOMALY ULTRASOUND :

The examination reveals a single viable active fetous , breech presentation.

The placenta is fundo posterior not previa , grade 1 maturity .

Amniotic liquor is adequate for gestational age . AFI 13

FETAL MEASUREMENTS;

BPD : 54.6 mm (22 weeks 4 day)

HC : 202 mm (22 weeks 2 day)

AC : 166 mm (21 weeks 5 day)

FL : 37 mm (21 weeks 6 day)

The cardiac activity is well visualized & the heart rate is 150 beats per minute.

The estimated fetal weight : 470 gram

EDD : 11 -07 -2018

Uterine contractions seen during time of exam .

A detailed examination of the fetous was done to detect congenital anomalies :

HEAD :

both lateral ventricles appear normal , no identifiable intracranial lesion seen .

SPINE :

Entire spine visualized in longitudinal & transverse axis .

vertebrae and spinal canal appear normal .

NECK :

No cystic lesion seen around neck .

Registered on: 08-03-2018 13:34

Reported on:

Printed:

Dr. Dunia K. Albadry
Specialist Radiologist
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Image, Quality in Human Care

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مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 150.00	RECEIPT VOUCHER (No.REC-000528)	Date:24-04-2018
Receive from Mr./Mrs./M/s. 1000103 - Abir,Adib ,,Hasan - 971522233118		
The sum of Dhs. One Hundred Fifty Only		
By Cash 150.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00		
Bank:	Cheque No.	Date: 24-04-2018
Being		
Made by Ghada		

Tel : + 9716 555 8337, Fax : + 9716 528 8130, e - mail : info@omc1.ae

www.omc1.ae

لاستعمال الطبيب فقط For Doctor's Use Only

File No#: 10001033 Date: 21/12/2017

Patient Name: Abir Adel اسم المريض: _____

Date of Birth (تاريخ الميلاد): 22/3/1987 Gender (الجنس): M / F

Weight: 79.4 kg Height: 169cm Blood Type: A+ (AS PER MR)

Marital Status: Married

Chief Complaint: _____

السجل الطبي Medical History

Diseases: / Medication: /
Allergies: / Pregnancy: 1 Aug - 23 - 9 - 2017
Hospitalization: / Family History: /

Habits: Smoking: Y/N Alcohol: Y/N Drugs: Y/N

Remarks: _____

Clinical Findings: _____

د. لميس عبد الحميد عبد المجيد
Dr. Lamies Abdulhameed Abdulmaleed
أخصائية أمراض النساء وولادة
Specialist - OBS / GYN
ترخيص رقم: V281
MOH License No. V281
مركز أوركيذ الطبي
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