

For Doctor's Use Only لاستعمال الطبيب فقط

File No#: 1000137 Date: 9/1/2018
Patient Name: Sana Masli اسم المريض: 056-4116227
Date of Birth (تاريخ الميلاد): 28/6/1992 Gender (الجنس): M / F
Weight: 55.5 kg Height: 159.6 cm Blood Type: BP = 110/80 mmHg

Marital Status: Married

Chief Complaint: _____

Medical History السجل الطبي

Diseases: / Medication: /
Allergies: / Pregnancy: Lmp - 30-9-2017
Hospitalization: / Family History: Diabetes, DM, HT

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

Remarks: _____

Clinical Findings: _____

د. لأميس عبد الحميد عبد المجيد
Dr. Lamees Abdulhameed Abdulmajeed
أخصائي - أ. نساء وولادة
Specialist - OBS / GYN
ترخيص رقم: V261
MOH License No.: V261
Orchid Medical Centre
مركز أوركيذ الطبي

DOCTOR NOTE

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 المؤهل.

• اتفهم انه من أجل تزويدي بالعلاج الأمثل و الخدمة الأفضل، فإن بعض التشخيصات و الإجراءات الطبية الإضافية سوف تكون ضرورية لاستكمال العلاج.

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

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

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

• اتفهم أن 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 تماماً و لا يمكن الاطلاع عليها دون موافقتي.

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



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	Sara,Ibrahim,,Mosli	IDN:	784199219475144	Mother Name:	
Name (Ar)	سارة إبراهيم الموصلي	Card Number:	082907964	Mother Name (Ar):	
Title:		Nationality:	SYR	Family ID:	
Title (Ar):		(Ar):	الجمهورية العربية السورية		
Issue Date:	10/04/2017	Sex:	F	Sponsor Type:	03
Expiry Date:	10/02/2019	Date of Birth:	28/06/1992	Sponsor Name:	فصل البيك
Marital Status:	02	Husband IDN:		Sponsor Number:	11416703
Residency Type:	03	Residency Number:	20120153023560	Residency Expiry:	10/02/2019
ID Type:	IL	Occupation:	10	Occupation Field:	00



Photo

Signature Image


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

1/9/2018



LABORATORY INVESTIGATION REPORT

Name : SARA MOSLI
 Age/Gender : 25 Years/F
 Ref. Physician : Dr. Eman
 Centre : Orchid Medical Center
 Ref No. : 1000137
 Sample No. : 180124187
 Received : 09/01/2018 01:59PM
 Registered : 09/01/2018 01:59PM
 Reported : 09/01/2018 03:27PM

Test / Parameters	Result	Flag	Units	Reference Range
HEMATOLOGY				
SBC (Complete Blood Count)				
RBC Count	4.4		10 ⁶ /μL	3.9 - 5.2
Hemoglobin	12.38		g/dL	12.0 - 16.0
Hematocrit	38.5		%	35.0 - 45.0
MCV	88.2		fL	73 - 98.3
MCH	28.3		Pg	27.0 - 32.0
MCHC	32.2		g/dL	32.0 - 37.0
RDW	14.1		%	11.9 - 15.5
Platelet Count	368		10 ³ /μL	150 - 450
MPV	8.9		fL	7.6 - 10.8
WBC Count	9.5		10 ³ /μL	4.5 - 11
Neutrophils	78	H	%	30 - 65
Lymphocytes	16	L	%	20 - 40
Eosinophils	1		%	0 - 6
Monocytes	5		%	1 - 6
Basophils	0		%	0 - 1
<i>Methodology: EDTA whole blood</i>				
Sample Type :				
*** End Of Report ***				
Thana Alwani Lab Incharge Licence no- T38204	 Dr. Hatem Sarg Pathologist Licence no- D44771			



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BIO-CHEMISTRY

Test / Parameters	Result	Flag	Units	Reference Range
Glucose (Random)	78.0		mg/dl	< 140

Methodology: Oxidase Method
Sample Type : Sodium fluoride plasma

*** End Of Report ***

Thana Alwani
Lab Incharge
Licence no- T38204




Dr. Hatem Sarg

Dr. Hatem Sarg
Pathologist
Licence no- D44771



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Test / Parameters	Result	Flag	Units	Reference Range
CLINICAL PATHOLOGY				
Urine Analysis (Routine)				
MACROSCOPY				
Color	Yellow			Pale to Dark Yellow
Appearance	S.Cloudy			Clear
CHEMISTRY				
Specific Gravity	1.030			1.002 - 1.035
pH	5.0			4.5 - 8.0
Glucose	Negative			Negative
Blood	Negative			Negative
Protein	Negative			Negative
Urobilinogen	Normal			Normal
Bilirubin	Negative			Negative
Ketone bodies	Negative			Negative
Nitrite	Negative			Negative
MICROSCOPY				
Leucocytes	2 - 4		/HPF	1 - 4
Erythrocytes	1 - 2		/HPF	0 - 2
Bacteria	Nil		/HPF	Nil
Casts	Nil		/HPF	Nil
Crystals	Nil		/HPF	Nil
Epithelial Cells	8 - 10		/HPF	Variable
Methodology:				
Sample Type :	Urine			
*** End Of Report ***				
Thana Alwani Lab Incharge Licence no- T38204	 Dr. Hatem Sarg Pathologist Licence no- D44771			



ORCHID MEDICAL CENTER

PATIENT DISCOUNT APPROVAL FORM

PATIENT NAME: Sara Mosli

FILE #: 1000137

DOCTOR NAME & DEPT: Dr. EMMAN - Gyne

FILE DATE 9/1/18

NAME OF THE TREATMENT: Consultation → Ultrasound + CBC + Random Blood sugar +

ACTUAL PRICE OF THE TREATMENT: ~~500~~ 500 + 50 + 50 + 50 + 50 (650 DHS) ^{Urinalysis}

CHARGEABLE AFTER APPROVED DISCOUNT: 250 + 50 + 50 + 50 (400)

EXTRA DISCOUNT PROVIDED: 100 %

FINAL AMOUNT COLLECTED: 0 DHS

REASON FOR DISCOUNT PROVIDED: SOCIAL MEDIA BLOGGER

DOCTOR SIGNATURE:

FRONT DESK SIGNATURE: 



FINAL APPROVAL
DR. YANOOF AL BEEDH

ONE COPY FOR ACCOUNTS

ONE COPY FOR PATIENT FILE