



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

Mahmoud

File No#: 1000202 Hanan

Date: 3/3/2018

اسم المريض

Patient Name: Hanan Haidar

Date of Birth (تاريخ الميلاد): 1-1-1991

Gender (الجنس): (M) / F

Nationality (الجنسية): عربي مصري

Occupation (الوظيفة): ربة منزل

Marital Status (الحالة الاجتماعية): متاهلة

Phone No. (رقم الهاتف): 0504646096

Contact Person in Case of Emergency: fased19845@icloud.com

How Did You Know About Us? عييتي - نور

Weight: 64.1 kg

Height: 161 cm

Blood Type:

BP: 105/70

Chief Complaint:

السجل الطبي Medical History

O +ve

Diseases: ✓

Medication: ✓

Allergies: ✓

Pregnancy: 3 - 10 - 2017

Hospitalization: ✓

Family History: EDD 10 - 7 - 2018

Habits: Smoking: Y/N

Alcohol: Y/N

Drugs: Y/N

Remarks:

Clinical Findings:

Radiography:

Examination:

Diagnosis:

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.

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

وأنا أتفهم أن من الممكن ان يكتشف الطبيب خلال العلاج حالات أخرى أو مختلفة عن ما نذكر 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.

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 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

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 أنني املاك 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 :

3-3-2018

التاريخ:

توقيع الطبيب المختص:



Laboratory Analysis Report

Name : Hanan Mahmoud
Sex : Female
Date Of Birth : 27 Y
Referred By : Dr. Eman (Orchid M.C.)
Receiving Date : MAR-03-18 07:52 PM
Insurance Company :
Indication :

Clinic File No. : 1000242
Lab File No. : 1803-01673
Lab. Case No. : 33661
Clinic Name :
Reporting Date : MAR-03-18 09:25 PM
Insurance No. :

HEMATOLOGY & COAGULATION

Complete Blood Count

Test	Result	Unit	Reference Range	Methodology
Haemoglobin	9.5	L g/dL	12.3 - 15.3	
Haematocrit (Hct)	28.3	L %	35.0 - 47.0	
Erythrocyte Count (RBC)	3.0	L $10^6/mm^3$	4.1 - 5.1	Automated cell counter
MCV	94	μm^3	80 - 96	
MCH	32	pg	28 - 33	
MCHC	34	g/dL	33 - 36	Automated cell counter
RDW	14.1	H %	< 14	
Platelet Count	155	$10^3/mm^3$	154 - 386	Automated cell counter
Leucocyte Count (WBC)	7.0	$10^3/mm^3$	4.4 - 11.3	Automated cell counter
Differential Count				
Neutrophils	62	%	40 - 75	
Lymphocytes	34	%	20 - 45	
Monocytes	3	%	2 - 10	
Eosinophils	1	%	0 - 5	
Basophil	0	%	0 - 1	

Sample Type : EDTA BLOOD

End of Report

* Samples are processed on the same day of request unless indicated
* Results reported are for the samples received and reference range is age related when applicable

Analysed by : Ashar Al Rabie
Medical Laboratory Technologist
License No : T19042

Printed by : Norhamisa Sacar

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Final Report
Page 1 of 1



Mona

Verified by : Dr. Mona Mohamed Hagrass
Clinical Pathologist
License No : D42240

Printed on : MAR-03-18 09:27 PM

Name : **Hanan Mahmoud**
Sex : **Female**
Date Of Birth : **27 Y**
Referred By : **Dr. Eman (Orchid M.C.)**
Receiving Date : **MAR-03-18 07:52 PM**
Insurance Company :
Indication :

Clinic File No. : **1000242**
Lab File No. : **1803-01673**
Lab. Case No. : **33661**
Clinic Name :
Reporting Date : **MAR-03-18 09:26 PM**
Insurance No. :

HORMONES /ENDOCRINOLOGY

Test	Result	Unit	Reference Range	Methodology
TSH	2.25	uIU/mL	0.47 - 4.68	ECLIA
Sample Type	Serum			

End of Report

* Samples are processed on the same day of request unless indicated
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Ashar Al Rabie

Analysed by : **Ashar Al Rabie**
Medical Laboratory Technologist

License No : T19042

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Mona

Verified by : **Dr. Mona Mohamed Hagras**
Clinical Pathologist

License No : D42240

Name : Hanan Mahmoud
 Sex : Female
 Date Of Birth : 27 Y
 Referred By : Dr. Eman (Orchid M.C.)
 Receiving Date : MAR-03-18 07:52 PM
 Insurance Company :
 Indication :

Clinic File No. : 1000242
 Lab File No. : 1803-01673
 Lab. Case No. : 33661
 Clinic Name :
 Reporting Date : MAR-03-18 09:24 PM
 Insurance No. :

CLINICAL CHEMISTRY

Test	Result	Unit	Reference Range	Methodology
Glycosylated Haemoglobin (HbA1C)	4.5	%	4.5 - 6.5	
Estimated Average Glucose (eAG) Sample Type EDTA BLOOD	83.7	mg/dL	< 140	Enzymatic

End of Report

* Samples are processed on the same day of request unless indicated
 * Results reported are for the samples received and reference range is age related when applicable



Ashar Al Rabie

Analysed by : Ashar Al Rabie
 Medical Laboratory Technologist

License No : T19042

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Verified by : Dr. Mona Mohamed Hagrass
 Clinical Pathologist

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Sharjah, U.A.E