



مركز أوركييد الطبي  
ORCHID MEDICAL CENTER

File No#: 1000274

Date: 11/3/2018

اسم المريض

Patient Name: Omar Mohamed

Gender (الجنس): M / F

Date of Birth (تاريخ الميلاد): 28/05/1997

Occupation (الوظيفة):

Nationality (الجنسية): Egyptia

Phone No. (رقم الهاتف): 971507776468

Marital Status (الحالة الاجتماعية): Single

Contact Person in Case of Emergency:

How Did You Know About Us? Google

Weight: Height: Blood Type:

Chief Complaint:

#### السجل الطبي Medical History

Diseases: Medication:

Allergies: Pregnancy:

Hospitalization: Family History:

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

Remarks:

Clinical Findings:

Radiography:

Examination :

Diagnosis:

REDAD DATA

cAEAlOEBA830DQxO

Public Data Readed Suc

SHOW READED DATA

Confirm 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**

<b>Name</b>	Omar, Mohamed, Elsaid, Moursy, Abdelal	<b>IDN:</b>	784199791375746	<b>Mother Name:</b>	
<b>Name (Ar)</b>	عمر محمد السيد مرسى عبدالال	<b>Card Number:</b>	083569036	<b>Mother Name (Ar):</b>	
<b>Title:</b>		<b>Nationality:</b>	EGY	<b>Family ID:</b>	
<b>Title(Ar):</b>		<b>Nationality (Ar):</b>	مصر		
<b>Issue Date:</b>	23/05/2017	<b>Sex:</b>	M	<b>Sponsor Type:</b>	03
<b>Expiry Date:</b>	22/03/2018	<b>Date of Birth:</b>	28/05/1997	<b>Sponsor Name:</b>	محمد السيد مرسى عبدالال
<b>Marital Status:</b>	01	<b>Husband IDN:</b>		<b>Sponsor Number:</b>	05674431
<b>Residency Type:</b>	03	<b>Residency Number:</b>	20120073113010	<b>Residency Expiry:</b>	22/03/2018
<b>ID Type:</b>	IL	<b>Occupation:</b>	11	<b>Occupation Field:</b>	00



Photo

Signature Image

OMAR

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

3/11/2018

