



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

File No#: 1000280

Date: 13/3/2018

اسم المريض

Patient Name: Najwan Alhamrafi

Date of Birth (تاريخ الميلاد): 21/2/1987

Gender (الجنس): M / F

Nationality (الجنسية): Jordanian

Occupation (الوظيفة):

Marital Status (الحالة الاجتماعية):

Phone No. (رقم الهاتف): 97523350088

E-MAIL: manadAlameed@gmail.com

How Did You Know About Us? Facebook

Weight: 74.3kg Height: Blood Type: B-130/80

Chief Complaint:

السجل الطبي Medical History

Diseases: / / /
Allergies: / / /
Hospitalization: / / /
Habits: Smoking: Y/N Alcohol: Y/N Drugs: Y/N
Pregnancy: LMP: 28-9-2017
Family History: 15-9-2017
G6P8 A0 22-8-2018 (EDD)
Twin
↓
All MVD

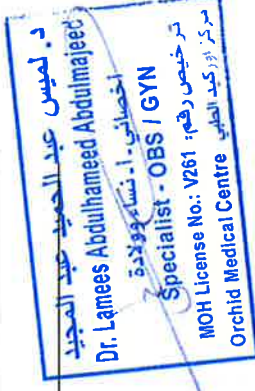
Remarks:

Clinical Findings:

Radiography:

Examination:

Diagnosis:



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 أسمح 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 التشخيصات و الاجراءات الطبية الاضافية سوف تكون ضرورية لاستكمال العلاج.

وأنا أتفهم أن من الممكن ان يكشف الطبيب خلال العلاج حالات أخرى أو مختلفة عن ما ذكر في القمص الأولي، والتي قد تتطلب إجراءات إضافية أو مختلفة عن تلك المخطط لها.

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

أتفهم أنه ليس هنالك أي ضمانات أو أي تأمين لتنتج العلاج كما أتفهم ان هنالك مخاطر ناتجة عن عدم استكمال علاج حالتي المرضية، و اتفهم تماماً كافة الاخطار الناجمة عن الفحوصات و الاجراءات العلاجية و الجراحية. و اتفهم احتمالية حدوث عوى أو تورم أو نزيف أو حساسية نتيجة للفحص أو الإجراء الطبي

أتفهم ان هنالك 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 ولا يمكن الاطلاع عليها دون موافقتي.

أقر أنني امتلاك 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:

DOCTOR NOTE

REDAD DATA

cAEAI0EBAA830DQxO*

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	Nariman Musa,Abdel Fattah,,Alnamrouti	IDN:	784198740247378	Mother Name:	
Name (Ar)	ناريمان موسى عبدالفتاح المروتي	Card Number:	082422001	Mother Name (Ar):	
Title:		Nationality:	JOR	Family ID:	
Title (Ar):		Nationality (Ar):	الأردن		
Issue Date:	08/03/2017	Sex:	F	Sponsor Type:	03
Expiry Date:	06/03/2019	Date of Birth:	24/02/1987	Sponsor Name:	مهنا احمد محمد عطيان
Marital Status:	02	Husband IDN:		Sponsor Number:	0137543221
Residency Type:	03	Residency Number:	20120163800771	Residency Expiry:	06/03/2019
ID Type:	IL	Occupation:	99	Occupation Field:	00



Photo



Signature Image

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

3/13/2018



Laboratory Analysis Report

Name : **Nariman Alnamrouiti**
Sex : **Female**
Date Of Birth : **31 Y**
Referred By : **ORCHID M.C**
Receiving Date : **MAR-13-18 05:20 PM**
Insurance Company :
Indication :

Clinic File No. : **1000280**
Lab File No. : **1803-01944**
Lab. Case No. : **34035**
Clinic Name :
Reporting Date : **MAR-13-18 07:09 PM**
Insurance No. :

CLINICAL CHEMISTRY

Test	Result	Unit	Reference Range	Methodology
Glucose, Random	100.5	mg/dL	Non pregnant: 60 - 140 Pregnant: 60 - 105	
Sample Type	NaF-Plasma			

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

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

Mona

Printed on : MAR-13-18 08:08 PM

Name : **Nariman Alnamrouiti**
Sex : **Female**
Date Of Birth : **31 Y**
Referred By : **ORCHID M.C**
Receiving Date : **MAR-13-18 05:20 PM**
Insurance Company :
Indication :

Clinic File No. : **1000280**
Lab File No. : **1803-01944**
Lab. Case No. : **34035**
Clinic Name :
Reporting Date : **MAR-13-18 07:11 PM**
Insurance No. :

HEMATOLOGY & COAGULATION

Complete Blood Count

Test	Result	Unit	Reference Range	Methodology
Haemoglobin	11.6	L g/dL	12.3 - 15.3	
Haematocrit (Hct)	34.7	L %	35.0 - 47.0	
Erythrocyte Count (RBC)	4.1	10 ⁶ /mm ³	4.1 - 5.1	Automated cell counter
MCV	85	µm ³	80 - 96	
MCH	28	pg	28 - 33	
MCHC	33	g/dL	33 - 36	Automated cell counter
RDW	14.0	%	< 14	
Platelet Count	158	10 ³ /mm ³	150 - 450	Automated cell counter
Leucocyte Count (WBC)	9.6	10 ³ /mm ³	4.4 - 11.3	Automated cell counter
Differential Count				
Neutrophils	68	%	40 - 75	
Lymphocytes	27	%	20 - 45	
Monocytes	4	%	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 : **Northanisa Sacar**



Mona

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

Final Report
Page 1 of 1

Printed on : **MAR-13-18 08:09 PM**

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