



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

File No#: 1000312

Date: 19/3/2018

اسم المريض:

Patient Name: NAMAH AL AMODI

Date of Birth (تاريخ الميلاد): 12/02/1988

Gender (الجنس): M / F

Nationality (الجنسية): YEMENI

Occupation (الوظيفة):

Marital Status (الحالة الاجتماعية):

Phone No. (رقم الهاتف):

E.MAIL:

How Did You Know About Us? FACEBOOK

Weight: 50 - 80 kg Height: 164.4 cm Blood Type: O+ve BP: 90/60

Chief Complaint:

السجل الطبي Medical History

Diseases: / Medication: /

Allergies: / Pregnancy: 13-11-2017

Hospitalization: Hamam Hospital Family History: 20-8-2018

Habits: Smoking: Y/N Alcohol: Y/N Drugs: Y/N G3 P2 A0

Remarks: Both vvd

Clinical Findings: f2 - 8mm dilated + fixed (Adward synd.?)

Radiography:

Examination:

Diagnosis:

د. لميس عبد الحميد عبد المجيد
Dr. Lamees Abdulhameed Abdulmajeed
إخصائي - أمراض النساء وولادة
Specialist - OBS / GYN
MOH License No: 1281
مركز أوركيد الطبي
Orchid Medical Centre

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 التشخيصات و الإجراءات الطبية الإضافية سوف تكون ضرورية لاستكمال العلاج.

و أنا أتفهم أن من الممكن ان يكشف الطبيب خلال العلاج حالات أخرى أو مختلفة عن ما ذكر 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 أتفهم تماما كافة الاحطار الناجمة عن الفحوصات و الإجراءات العلاجية و الجراحية. و أتفهم احتمالية حدوث عدوى أو تورم أو نزيف أو حساسية نتيجة للفحص أو الإجراء الطبي

أتفهم ان هناك رسوم الابدني 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 :

التاريخ:

توقيع الطبيب المختص:



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

DOCTOR NOTE

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	Namah Mohammed,Ahmed Batooq,Al Amodi	IDN:	784198838138604	Mother Name:	
Name (Ar)	نعمه محمد احمد باطوق،المودي	Card Number:	085290961	Mother Name (Ar):	
Title		Nationality:	YEM	Family ID:	
Title (Ar):		Nationality (Ar):	اليمن		
Issue Date:	11/09/2017	Sex:	F	Sponsor Type:	03
Expiry Date:	06/09/2019	Date of Birth:	12/02/1988	Sponsor Name:	عبدالحسن احمد عبدالله المودي
Marital Status:	02	Husband IDN:		Sponsor Number:	05266449
Residency Type:	03	Residency Number:	30120083040629	Residency Expiry:	06/09/2019
ID Type:	IL	Occupation:	99	Occupation Field:	00

Photo



Signature Image

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

3/19/2018

تقرير مختبر - LABORATORY REPORT

Patient ID : 6933188 File No. : 6805 Lab ID : 6935865
Name : NAMAHA MOHAMMED AHMED BATOOG AL AMODI Reg. Date : 24-JAN-18 00:00:00
Center : Thumbay Hospital Daycare 29 Y Female Sampling Date : 25-JAN-18 11:59:00
Ref. By : Meenaxi S Upadhyay Reviewed Date : 25-JAN-18 15:25:46
Patient Cond : Verified Date : 25-JAN-18 15:52:24

CLINICAL CHEMISTRY REPORT

Test	Result	Unit	Reference Range	Methodology
Glucose - Postprandial	86	mg/dL	70 - 140	Spectrophotometry

Sample Type / ID : NaF-Plasma / 18010423944

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

Reviewed By : Rose Ann C. Latore
Lab Technician
License No : 9898 (MOH)

Final Report

Page 1 of 1

THIS IS A SYSTEM GENERATED REPORT AND DOES NOT REQUIRE PHYSICAL SIGNATURE

Verified By : Dr. Ishtiyag Shaafi, MD
Specialist "A" (Biochemistry)
License No : MOH Licence No: D5305

Ishtiyag Shaafi

تقرير مختبر - LABORATORY REPORT

Patient ID : 6933188 File No. : 6805 Lab ID : 6935847
Name : **NAMAH MOHAMMED AHMED BATOQOQ AL AMODI** Reg. Date : 24-JAN-18 00:00:00
Center : Thumbay Hospital Daycare 29 Y Female Sampling Date : 24-JAN-18 13:16:00
Ref. By : **Meenaxi S Upadhyay** Reviewed Date : 24-JAN-18 16:34:41
Patient Cond : Verified Date : 24-JAN-18 17:10:12

CLINICAL CHEMISTRY REPORT

Test	Result	Unit	Reference Range	Methodology
Glucose - Fasting	82	mg/dL	Normal 70 - 105 Diabetic Risk 106 - 125 Diabetic > or = 126	Spectrophotometry

Sample Type / ID : NaF-Plasma / 18010423362

End of Report

* Samples are processed on the same day of request unless indicated
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Reviewed By : Dannel Ian T. Nerier
Lab Technician

License No :

Final Report

Page 1 of 1

THIS IS A SYSTEM GENERATED REPORT AND DOES NOT REQUIRE PHYSICAL SIGNATURE

Verified By : Dr. I. A. Shaafie, MD
Specialist "A" (Biochemistry)
License No : MOH Licence No: D5305

Signature

تقرير مختبر - LABORATORY REPORT

Patient ID : 6933188 File No. : 6805 Lab ID : 6935847
 Name : NAMAHA MOHAMMED AHMED BATOQOQ AL AMODI Reg. Date : 24-JAN-18 00:00:00
 Center : Thumbay Hospital Daycare 29 Y Female Sampling Date : 24-JAN-18 13:16:00
 Ref. By : Meenaxi S Upadhyay Reviewed Date : 24-JAN-18 17:52:09
 Patient Cond : Verified Date : 24-JAN-18 17:54:48

HEMATOLOGY & COAGULATION REPORT

Test	Result	Methodology
Blood typing, ABO	"O"	Columnn Agglutination
Blood typing, Rh (D)	Positive	Columnn Agglutination

Disclaimer: The laboratory has not checked previous reports of the patient's blood group for concordance. The treating physician is requested to verify the same, if available.

Sample Type / ID : EDTA-WB / 18010018497

End of Report

* Samples are processed on the same day of request unless indicated
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Signature

Reviewed By : Shahid Akhtar
 Medical Laboratory Technician
 License No : MOH-11730

Verified By : Dr. Sumil K B
 Specialist "A" (Pathologist)
 License No : D-36714 (MOH)

Final Report

Page 1 of 1

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تقرير مختبر - LABORATORY REPORT

Patient ID : 6933188 File No. : 6805 Lab ID : 6935847
Name : NAMAHA MOHAMMED AHMED BATOQOQ AL AMODI Reg. Date : 24-JAN-18 00:00:00
Center : Thumbay Hospital Daycare 29 Y Female Sampling Date : 24-JAN-18 13:16:00
Ref. By : Meenaxi S Upadhyay Reviewed Date : 24-JAN-18 16:56:00
Patient Cond : Verified Date : 24-JAN-18 17:10:19

HORMONES / ENDOCRINOLOGY REPORT

Test	Result	Unit	Reference Range	Methodology
Thyroid Stimulating Hormone (TSH)	1.280	uIU/mL	0.270 - 4.200	ECLIA
<i>This reference range is age adjusted</i>				
Sample Type / ID : Serum / 18010423363				
End of Report				

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Reviewed By : Dannel Ian T. Nerier
Lab Technician

License No : .

Final Report

Page 1 of 1

THIS IS A SYSTEM GENERATED REPORT AND DOES NOT REQUIRE PHYSICAL SIGNATURE

Verified By : Dr. I. A. Shaafie, MD
Specialist "A" (Biochemistry)

License No : MOH Licence No: D5305

pttslangit

تقرير مختبر - LABORATORY REPORT

Patient ID : 6933188 File No. : 6805 Lab ID : 6935847
 Name : NAMAHA MOHAMMED AHMED BATOQOQ AL AMODI Reg Date : 24-JAN-18 00:00:00
 Center : Thumbay Hospital Daycare 29 Y Female Sampling Date : 24-JAN-18 13:16:00
 Ref. By : Meenaxi S Upadhyay Reviewed Date : 25-JAN-18 15:16:09
 Patient Cond : Verified Date : 25-JAN-18 15:22:08

Routine Urine Analysis

Test	Result	Unit	Reference Range	Methodology
Color	Pale Yellow			Reflectance photometer
Clarity	Clear		Clear	Reflectance photometer
pH	5.0		4.6 - 8.0	Reflectance photometer
Specific gravity	1.025		1.002 - 1.030	Reflectance photometer
Glucose	Negative		Negative	Reflectance photometer
Bilirubin	Negative		Negative	Reflectance photometer
Urine ketones	Negative		Negative	Reflectance photometer
Blood	+		Negative	Reflectance photometer
Protein	Negative		Negative	Reflectance photometer
Urobilinogen	Normal		< 2.0	Reflectance photometer
Nitrite	Negative		Negative	Reflectance photometer
Leukocyte esterase	Negative	WBC / uL	Negative	Reflectance photometer
MICROSCOPY				
White Blood Cells (WBCs)	3-4	/ HPF	< 5	Microscopy
Red Blood Cells (RBCs)	6-8	/ HPF	< 5	Microscopy
Mucus	Moderate		< OCC	Microscopy
Squamous Epithelial	4-5	/ HPF	< 10	Microscopy
Sample Type / ID :	Urine / 18010073020		End of Report	

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

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Reviewed By : Shahid Akhtar
 Medical Laboratory Technician
 License No : MOH-11730

Verified By : Dr. Sunil K B
 Specialist "A" (Pathologist)
 License No : D-36714 (MOH)

Final Report
 Page 1 of 1

Signature

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تقرير مختبر - LABORATORY REPORT

Patient ID : 6933188 File No. : 6805 Lab ID : 6935847
 Name : NAMAHA MOHAMMED AHMED BATOQOQ AL AMODI Reg Date : 24-JAN-18 00:00:00
 Center : Thumbay Hospital Daycare 29 Y Female Sampling Date : 24-JAN-18 13:16:00
 Ref. By : Meenaxi S Upadhyay Reviewed Date : 24-JAN-18 16:57:45
 Patient Cond : Verified Date : 24-JAN-18 17:20:35

Complete Blood Count

Test	Result	Unit	Reference Range	Methodology
Hemoglobin	11.3	L	12.0 - 15.0	SLS Hemoglobin Method
HCT (Haematocrit)	36.30	%	36.00 - 46.00	Hydro Dynamic Focusing
RBC Count	4.3	10 ⁶ /UL	3.8 - 4.8	Hydro Dynamic Focusing
MCV	85.2	fL	83.0 - 101.0	Calculated
MCH	26.5	pg	27.0 - 32.0	Calculated
MCHC	31.1	g/dL	31.5 - 34.5	Calculated
RDW-CV	12.8	%	11.6 - 14.0	Calculated
Platelet Count	246	10 ³ /uL	150 - 410	Hydro Dynamic Focusing
MPV	11.6	fL	7.5 - 11.5	Calculated
WBC Count	7.4	10 ³ /uL	4.0 - 10.0	FlowCytometry

This reference range is age adjusted

Absolute counts are the preferred mode of evaluation of CBC data. Percentage cell count reference ranges are not reported since individual values may be discordant with absolute values leading to misinterpretation of CBC data. (CAP, HEM.23050)

Leukocytes Differential Count

	Differential Percentage		Absolute Count	
	Value	Unit	Value	Normal Range
Neutrophils	73.4	%	5.43	2.00 - 7.00
Lymphocytes	18.6	%	1.38	1.00 - 3.00
Monocytes	6.7	%	0.50	0.20 - 1.00
Eosinophils	1.2	%	0.09	0.02 - 0.50
Basophil	0.1	%	0.01	0.02 - 0.10

Sample Type / ID : EDTA / 18010018497

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

(Handwritten Signature)

Reviewed By : Shahid Akhtar
 Medical Laboratory Technician
 License No : MOH-11730

Verified By : Dr. Sunil K B
 Specialist "A" (Pathologist)
 License No : D-36714 (MOH)

Final Report
 Page 1 of 1

THIS IS A SYSTEM GENERATED REPORT AND DOES NOT REQUIRE PHYSICAL SIGNATURE

Name : **Namah Al Amodi**
Sex : **Female**
Date Of Birth : **30 Y**
Referred By : **Dr. Eman**
Receiving Date : **APR-23-18 11:49 AM**
Insurance Company :
Indication :

Clinic File No. : **100312**
Lab File No. : **1804-03059**
Lab. Case No. : **35444**
Clinic Name : **Orchid Medical Center**
Reporting Date : **APR-23-18 01:05 PM**
Insurance No. :

HEMATOLOGY & COAGULATION

Complete Blood Count

Test	Result	Unit	Reference Range	Methodology
Haemoglobin	10.7	L g/dL	12.3 - 15.3	
Haematocrit (Hct)	33.7	L %	35.0 - 47.0	
Erythrocyte Count (RBC)	3.7	L 10 ⁶ /mm ³	4.1 - 5.1	Automated cell counter
MCV	91	µm ³	80 - 96	
MCH	29	pg	28 - 33	
MCHC	32	g/dL	33 - 36	Automated cell counter
RDW	12.2	%	< 14	
Platelet Count	207	10 ³ /mm ³	150 - 450	Automated cell counter
Leucocyte Count (WBC)	7.4	10 ³ /mm ³	4.4 - 11.3	Automated cell counter
Differential Count				
Neutrophils	77	H %	40 - 75	
Lymphocytes	15	L %	20 - 45	
Monocytes	6	%	2 - 10	
Eosinophils	2	%	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 : **Er-Fe Heart Balinait**

Eilat 2023 Union National Bank Bldg. Al-Dubaira Corniche St. Al-Madinah D.O. Bay 65028 Sharjah U.A.E.

Final Report
Page 1 of 1



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

Printed on : **APR-23-18 01:29 PM**

Mona

Name : **Namah Al Amodi**
Sex : **Female**
Date Of Birth : **30 Y**
Referred By : **Dr. Eman**
Receiving Date : **APR-23-18 11:49 AM**
Insurance Company :
Indication :

Clinic File No. : **100312**
Lab File No. : **1804-03059**
Lab. Case No. : **35444**
Clinic Name : **Orchid Medical Center**
Reporting Date : **APR-23-18 01:05 PM**
Insurance No. :

CLINICAL CHEMISTRY

Test	Result	Unit	Reference Range	Methodology
Glucose, Random	82.0	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



Ashar

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

Mona

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

Final Report
Page 1 of 1

Printed by : Er-Fe Heart Balinait
Flat 203, Union National Bank Bldg, Al Buhaira Cornich St., Al Majaz, P.O. Box: 65238, Sharjah, U.A.E.
Tel : +971 6 551 9916, Fax : +971 6 551 9917, E-mail: daralhikmah2012@gmail.com

Printed on : APR-23-18 01:28 PM

TEST REQUEST FORM

Name: Namân Al Anoudi
DOB/Age: 13-02-1988
Gender: Male Female
Nationality: Saudi
Mob No.:
E-mail: afu@omx.ae
Report Send to:

Specimen Collection Date: 23-04-2018 Time: 11:11 Am
Fasting Yes No
Pregnancy Yes No
Ref. Doctor: Dr. Sam Al
Ref. Clinic: CRITICAL MEDICAL CENTERS
Insurance Company:
Insurance No.:

Clinical Details :

BIOCHEMISTRY	HORMONES	ALLERGY TESTING
<input type="checkbox"/> Albumin S	<input type="checkbox"/> 17-OH-Progesterone S	<input type="checkbox"/> Allergy (Food / Inhalant / Paediatric) S
<input type="checkbox"/> Aldosterone S	<input type="checkbox"/> ACTH S	<input type="checkbox"/> IGE S
<input type="checkbox"/> Alkaline Phosphatase S	<input type="checkbox"/> Anti-Tig Antibodies S	
<input type="checkbox"/> ALT (SGPT) S	<input type="checkbox"/> Beta HCG S	
<input type="checkbox"/> Amylase (Total / Pancreatic) S	<input type="checkbox"/> Cortisol (AM / PM / R) S	PROFILES
<input type="checkbox"/> AST (SGOT) S	<input type="checkbox"/> DHEA-S S	<input type="checkbox"/> Anemia Profile I
<input type="checkbox"/> Bicarbonate (HCO3) S	<input type="checkbox"/> Estradiol (E2) S	<input type="checkbox"/> Anemia Profile II
<input type="checkbox"/> Bilirubin (Total / Direct / Indirect) S	<input type="checkbox"/> Estradiol (E3) S	<input type="checkbox"/> Antenatal Screen Profile
<input type="checkbox"/> BNP S	<input type="checkbox"/> FSH S	<input type="checkbox"/> Diabetes Profile
<input type="checkbox"/> Calcium (Total / Ionized) S	<input type="checkbox"/> Growth Hormone S	<input type="checkbox"/> Double Test Profile
<input type="checkbox"/> Chloride S	<input type="checkbox"/> Insulin (Fasting / PP/1hr/Random) S	<input type="checkbox"/> Fertility Profile- Female
<input type="checkbox"/> Cholesterol (HDL / LDL) S	<input type="checkbox"/> LH S	<input type="checkbox"/> Fertility Profile- Male
<input type="checkbox"/> Cholesterol, Total S	<input type="checkbox"/> Parathyroid hormone (PTH) EP	<input type="checkbox"/> General Health Profile
<input type="checkbox"/> CK S	<input type="checkbox"/> Progesterone S	<input type="checkbox"/> Hepatitis B Full Profile
<input type="checkbox"/> CK-MB S	<input type="checkbox"/> Prolactin S	<input type="checkbox"/> HIV Profile I
<input type="checkbox"/> Creatinine S	<input type="checkbox"/> SHBG S	<input type="checkbox"/> HIV Profile II
<input type="checkbox"/> Creatinine Clearance S-24h	<input type="checkbox"/> T3 (Free / Total) S	<input type="checkbox"/> Kidney Function Test
<input type="checkbox"/> Ferritin S	<input type="checkbox"/> T4 (Free / Total) S	<input type="checkbox"/> Lipid Profile I
<input type="checkbox"/> Folate (Folic Acid) S	<input type="checkbox"/> TBG S	<input type="checkbox"/> Lipid Profile II
<input type="checkbox"/> GGT S	<input type="checkbox"/> Testosterone (Free / Total) S	<input type="checkbox"/> Liver Function Test
<input type="checkbox"/> Glucose (Fasting / Random) PP/NF	<input type="checkbox"/> Thyroglobulin (Ig) S	<input type="checkbox"/> Menopausal Profile
<input type="checkbox"/> Glucose Tolerance Test NF	<input type="checkbox"/> TSH S	<input type="checkbox"/> Osteoporosis Profile
<input type="checkbox"/> HbA1c E		<input type="checkbox"/> Ovarian Function Profile
<input type="checkbox"/> Iron S		<input type="checkbox"/> Primary Health Profile
<input type="checkbox"/> LD (LDH) S		<input type="checkbox"/> Prostate Profile
<input type="checkbox"/> Magnesium S		<input type="checkbox"/> Recurrent Abortion Profile
<input type="checkbox"/> Phosphorus S		<input type="checkbox"/> Thyroid Profile I
<input type="checkbox"/> Potassium S		<input type="checkbox"/> Thyroid Profile II
<input type="checkbox"/> Protein Electrophoresis S		<input type="checkbox"/> TORCH Ig M Profile
<input type="checkbox"/> Protein Total S		<input type="checkbox"/> TORCH Ig G Profile
<input type="checkbox"/> Sodium S		<input type="checkbox"/> TORCH Ig M Profile
<input type="checkbox"/> TIBC S		<input type="checkbox"/> Triple Test Profile
<input type="checkbox"/> Transferrin S		<input type="checkbox"/> Others:
<input type="checkbox"/> Triglyceride S		
<input type="checkbox"/> Troponin S		
<input type="checkbox"/> Urea S		
<input type="checkbox"/> Uric Acid S		
<input type="checkbox"/> Vitamin B12 S		
<input type="checkbox"/> Vitamin D Total (D2+D3) S		
TUMOR MARKERS	SEROLGY & VIROLOGY	
<input type="checkbox"/> AFP S	<input type="checkbox"/> ASO S	
<input type="checkbox"/> Ca 125 S	<input type="checkbox"/> Anti Sperm Antibodies S _e /s	
<input type="checkbox"/> CA 15-3 S	<input type="checkbox"/> Anti Transglutaminase IgA S	
<input type="checkbox"/> CA 19-9 S	<input type="checkbox"/> Brucella (IgG / IgM) S	
<input type="checkbox"/> CEA S	<input type="checkbox"/> Chlamydia Abs. (IgM / IgG) S	
<input type="checkbox"/> PSA (Free / Total) S	<input type="checkbox"/> Chlamydia Ag U/SW	
	<input type="checkbox"/> ASO S	
	<input type="checkbox"/> Anti Sperm Antibodies S _e /s	
	<input type="checkbox"/> Anti Transglutaminase IgA S	
	<input type="checkbox"/> Brucella (IgG / IgM) S	
	<input type="checkbox"/> Chlamydia Abs. (IgM / IgG) S	
	<input type="checkbox"/> Chlamydia Ag U/SW	
	<input type="checkbox"/> Occult Blood (Stool) ST	
	<input type="checkbox"/> Rotavirus (Stool) ST	
	<input type="checkbox"/> Stool Routine ST	
	<input type="checkbox"/> Urine Routine U	
	SEMEN ANALYSIS	
	<input type="checkbox"/> Semen CASA SE	
	<input type="checkbox"/> Semen Fructose SE	
	<input type="checkbox"/> Semen Routine SE	

SW - Swab S - Serum E - EDTA blood U - Urine C - Citrate Blood
EP - EDTA Plasma 24U - 24 hrs Urine NF - Sodium Florida Se - Semen St - Stool / Faeces

Specimen Receiving Date : Time : AM PM

SICK LEAVE CERTIFICATE

Hospital: **ORCHID MEDICAL CENTER**

Date of issue **20P/MAR/2018**

Cert No: **OMC1/2018/1009**

Patient's Name: Namah Al Amodi	File Number: 1000312
Age: 30	Sex: FEMALE

Unfitness

This is to certify that the above patient visited **MEDICAL CLINIC on 20/MAR //2018**

The patient is unfit to work from **20 /MAR//2018** till **20 /MAR //2018**

Diagnosis: Pregnant with uterine contraction

Comments:

Doctor's Name: iman Mohsin ali	License Number: D21329
Signature :	Stamp : د. إيمان محسن علي Dr. Iman Mohsin Ali ممارس عام - مختار عام General practitioner MOH License No: D21329 مركز أوركييد الطبي Orchid Medical Centre

Notes :

- 1- Certificate is invalid if any correction are made.
- 2- Certificate is Valid only if is signed and stamped.
- 3- Certificate is issued at patient's request

للاستعمال الرسمي : تصادق على صحة توقيع وختم الطبيب المذكور المرخص من قبل وزارة الصحة دون تحمل إدارة منطقة الشارقة الطبية اي مسؤولية من محتويات هذا التقرير (اعتماد قسم التراخيص الطبية بمنطقة الشارقة الطبية)

Sharjah – cornich alkhana – alkhana palace 201 – near petrofac
Phone : +971 6 555 8337 mobile : +971 50 603 7996



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 250.00	RECEIPT VOUCHER (No.REC-000518)	Date:23-04-2018
Receive from Mr./Mrs./M/s. 1000312 - Namah Al Amodi - 971506388215		
The sum of Dhs. Two Hundred Fifty Only		
By Cash 0.00 / By Credit Card 250.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00		
Bank:	Cheque No.	Date: 23-04-2018
Being		
Made by Ghada KC		

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