



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

File No#: 1000313

Date: 19/3/18

Patient Name: SOMAIEH SAEIDI

اسم المريض

Date of Birth (تاريخ الميلاد): 03/11/1983

Gender (الجنس): M / F

Nationality (الجنسية): IRANI

Occupation (الوظيفة): OSO8777479

Marital Status (الحالة الاجتماعية):

Phone No. (رقم الهاتف):

E-MAIL:

How Did You Know About Us? MS. WATA (A PATIENT)

Weight: 65.2kg Height: 162cm Blood Type: BF= 100/70

Chief Complaint: planning for pregnancy since 2 months

السجل الطبي Medical History

Diseases: /

Medication: /

Allergies: /

Pregnancy: Lump= 18-3-2018

Hospitalization: /

Family History: /

Habits: Smoking: Y/N

Alcohol: Y/N

Drugs: Y/N

G2P2A0

Remarks:

1st husband ← both NVD → L-C.B 16 y.

2nd husband → 2 m. married

Clinical Findings:

Radiography:

Examination:

Diagnosis:

د. لأميس عبد الحميد عبد المجيد
Dr. Lamees Abdulhameed Abdulmajeed
أخصائية - أمراض النساء وولادة
Specialist - OBS / GYN
MOH Licence No. 4261
مركز أوركيد الطبي
Orchid Medical Centre

DOCTOR NOTE

19/3/2018 → Lmp = 18-3-2018 → D₂

u/s → Both ovaries are normal with multiple follicles
+ normal uterus

wife → FSH, LH, TSH, S. prolactin

husband → semen analysis

Rx → folic acid

11/4/18 wt - 63 kg

BP - 100/80

Lmp = 24-3-2018

EDD = 1-1-2019

Pregnancy test (Blood) → +ve

u/s → Thick endometrium: 19 mm

↓
↓ folic acid tab 1x1

20

plan → 11/5/2018 → follow up

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 الإضافية سوف تكون ضرورية لاستكمال العلاج.

وأنا أتفهم أن من الممكن ان يكتشف الطبيب خلال العلاج حالات أخرى أو مختلفة عن ما نكر في الفحص الاولي، والتي قد تتطلب اجراءات 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 الاخطار الناجمة عن الفحوصات و الاجراءات العلاجية و الجراحية. و أتفهم 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 :

التاريخ: 2018/03/19

توقيع الطبيب المختص:

REDAD DATA

cAEAlOEBA83ODQxO

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	Somaieh,Abdohabibi,Saeidi	IDN:	784198383706839	Mother Name:	
Name (Ar)	سميه عبدالقوي سعیدی	Card Number:	087468228	Mother Name (Ar):	
Title:		Nationality:	IRN	Family ID:	
Title(Ar):		Nationality (Ar):	جمهوریة ایران الإسلامية		
Issue Date:	02/02/2018	Sex:	F	Sponsor Type:	03
Expiry Date:	24/01/2020	Date of Birth:	03/11/1983	Sponsor Name:	خاد عبدالقوي سعیدی
Marital Status:	02	Husband IDN:		Sponsor Number:	22573962
Residency Type:	03	Residency Number:	40120183000764	Residency Expiry:	24/01/2020
ID Type:	IL	Occupation:	10	Occupation Field:	00

Photo



Signature Image

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

3/19/2018

Name : **Somaleh Saeidi**
 Sex : **Female**
 Date Of Birth : **35 Y**
 Referred By : **Orchid Medical Center**
 Receiving Date : **MAR-19-18 04:54 PM**
 Insurance Company :
 Indication :

Clinic File No. :
 Lab File No. : **1803-02110**
 Lab. Case No. : **34243**
 Clinic Name :
 Reporting Date : **MAR-19-18 06:01 PM**
 Insurance No. :

HORMONES /ENDOCRINOLOGY

Test	Result	Unit	Reference Range	Methodology
TSH	1.91	uIU/mL	0.47 - 4.68	ECLIA
Luteinising Hormone (LH)	1.920	mIU/mL	Follicular phase : 2.58-12.1 Mid-Cycle : 27.3 - 96.9 Luteal phase: 0.833 - 15.5 Postmenopaus: 13.1 - 86.5	ECLIA
Prolactin	21.5	H ng/mL	3.0 - 18.6	ECLIA
Follicle Stimulating Hormone (FSH)	5.46	mIU/mL	Follicular phase:1.98 - 11.6 Mid-Cycle: 5.14 - 23.4 Luteal phase:1.38 - 9.58 Postmenopause:21.5 - 131	ECLIA

Sample Type Serum

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



Mona

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

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

Printed by : **Norhanisa Sacar**
 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

Final Report
 Page 1 of 1

Printed on : **MAR-19-18 06:02 PM**

SICK LEAVE CERTIFICATE

Hospital: **ORCHID MEDICAL CENTER**

Date of issue **11/APR/2018**

Cert No: **OMC1/2018/1010**

Patient's Name: SOMAJEH SAEIDI	File Number: 1000313
Age: 35	Sex: FEMALE


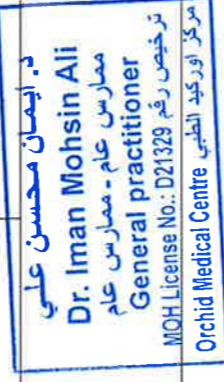
Unfitness

This is to certify that the above patient visited **MEDICAL CLINIC on 11/APR //2018**

The patient is unfit to work from **11/APR/2018** till **11 /APR //2018**

Diagnosis: Pregnant with uterine contraction

Comments:

Doctor's Name: iman Mohsin ali	License Number: D21329
Signature : 	Stamp : 

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

الاستعمال 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 alkhan – alkhan palace 201 – near petrofac
Phone : +971 6 555 8337 mobile : +971 50 603 7996



مركز الزوراء الطبي ذ.م.م.

AL ZORA MEDICAL CENTRE LLC

TEL: 06 - 7423618, FAX : 06 - 7448711, P.O. BOX : 799, SH. RASHID BIN ABDUL AZIZ STREET, AJMAN - U.A.E.

Name: SUMAYYA ABDUL NABI	Age: 34 Yrs	Date: 11/04/2018
Dr: AYSHA BEEVI	Sex: F	Lab. No: LF-2131

TEST	RESULT
BLOOD PREGNANCY TEST	POSITIVE

Signature:



Name : **Somaieh Saedi** Clinic File No. : **1000313**
 Sex : **Female** Lab File No. : **1804-02840**
 Date Of Birth : **34 Y** Lab. Case No. : **35159**
 Referred By : **Orchid M.C** Clinic Name :
 Receiving Date : **APR-15-18 03:02 PM** Reporting Date : **APR-15-18 04:30 PM**
 Insurance Company : Insurance No. :

HORMONES / ENDOCRINOLOGY

Test	Result	Unit	Reference Range	Methodology
Beta-HCG	4.72	mIU/mL	Non pregnant: <= 5.0 Border line : > 5 to < 25 Positive: >= 25	ECLIA
<i>Set - 15-4-18</i>				
WEEKS OF GESTATION HCG mIU/mL				
3	5.8 - 71.2			
4	9.5 - 750			
5	217 - 7138			
6	158 - 31795			
7	3697 - 163563			
8	32065 - 149571			
9	63803 - 151410			
10	46509 - 186977			
12	27832 - 210612			
Sample Type	Serum			

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



Mona

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

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

Printed by : Aida Allowch Final Report Page 1 of 1
 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

TEST REQUEST FORM

Name : SUMAYEH SADEH

DOB/Age : 11-3-1983

Gender : Male Female

Nationality : IRAN

Mob No.:

E-mail : DM1.AE@gmail.com

Report Send to :

Specimen Collection Date: 15-4-2018 Time: 1:00 PM

Fasting Yes No

Pregnancy Yes Week No

Ref. Doctor: DR. BANAN

Ref. Clinic : CRISTINA MEDICAL CENTER

Insurance Company:

Insurance No.:

Clinical Details :

BIOCHEMISTRY	HORMONES	CMV (IgM / IgG)	ALLERGY TESTING
<input type="checkbox"/> Albumin S	<input type="checkbox"/> 17-OH-Progesterone S	<input type="checkbox"/> CRP S	<input type="checkbox"/> Allergy (Food / Inhalant / Paediatric) S
<input type="checkbox"/> Aldosterone S	<input type="checkbox"/> ACTH S	<input type="checkbox"/> EBV (IgG / IgM) S	<input type="checkbox"/> IgE S
<input type="checkbox"/> Alkaline Phosphatase S	<input type="checkbox"/> Anti-Tg Antibodies S	<input type="checkbox"/> H. pylori (Ag / Ab) S/ST	PROFILES
<input type="checkbox"/> ALT (SGPT) S	<input type="checkbox"/> Beta HCG S	<input type="checkbox"/> HAV (Total / IgM) S	<input type="checkbox"/> Anemia Profile I
<input type="checkbox"/> Amylase (Total / Pancreatic) S	<input type="checkbox"/> Cortisol (AM / PM / R) S	<input type="checkbox"/> HBc (IgM) S	<input type="checkbox"/> Anemia Profile II
<input type="checkbox"/> AST (SGOT) S	<input type="checkbox"/> DHEA-S S	<input type="checkbox"/> HBe (Ag / Ab) S	<input type="checkbox"/> Antenatal Screen Profile
<input type="checkbox"/> Bicarbonate (HCO3) S	<input type="checkbox"/> Estradiol (E2) S	<input type="checkbox"/> HBs Ag S	<input type="checkbox"/> Diabetes Profile
<input type="checkbox"/> Bilirubin (Total / Direct / Indirect) S	<input type="checkbox"/> Estriol (E3) S	<input type="checkbox"/> HBs Ab S	<input type="checkbox"/> Double Test Profile
<input type="checkbox"/> BNP S	<input type="checkbox"/> FSH S	<input type="checkbox"/> HIV Combi S	<input type="checkbox"/> Fertility Profile- Female
<input type="checkbox"/> Calcium (Total / Ionized) S	<input type="checkbox"/> Growth Hormone S	<input type="checkbox"/> HSV I (IgG / IgM) S	<input type="checkbox"/> Fertility Profile- Male
<input type="checkbox"/> Chloride S	<input type="checkbox"/> Insulin (Fasting / PP1hr/Random) S	<input type="checkbox"/> HSV II (IgG / IgM) S	<input type="checkbox"/> General Health Profile
<input type="checkbox"/> Cholesterol (HDL / LDL) S	<input type="checkbox"/> LH S	<input type="checkbox"/> HCV Abs. S	<input type="checkbox"/> Hepatitis B Full Profile
<input type="checkbox"/> Cholesterol, Total S	<input type="checkbox"/> Parathyroid hormone (PTH) EP	<input type="checkbox"/> IGA / IgG / IgD / IgM S	<input type="checkbox"/> Hirsutism Profile I
<input type="checkbox"/> CK S	<input type="checkbox"/> Progesterone S	<input type="checkbox"/> Measles (IgG / IgM) S	<input type="checkbox"/> Hirsutism Profile II
<input type="checkbox"/> CK-MB S	<input type="checkbox"/> Prolactin S	<input type="checkbox"/> Monospot S	<input type="checkbox"/> Kidney Function Test
<input type="checkbox"/> Creatinine S	<input type="checkbox"/> SHBG S	<input type="checkbox"/> RF S	<input type="checkbox"/> Lipid Profile I
<input type="checkbox"/> Creatinine Clearance S _{24h}	<input type="checkbox"/> T3 (Free / Total) S	<input type="checkbox"/> Rubella (IgG / IgM) S	<input type="checkbox"/> Lipid Profile II
<input type="checkbox"/> Ferritin S	<input type="checkbox"/> T4 (Free / Total) S	<input type="checkbox"/> Toxoplasma (IgS / IgM) S	<input type="checkbox"/> Liver Function Test
<input type="checkbox"/> Folate (Folic Acid) S	<input type="checkbox"/> TBG S	<input type="checkbox"/> TPHA S	<input type="checkbox"/> Menopausal Profile
<input type="checkbox"/> GGT S	<input type="checkbox"/> Testosterone (Free / Total) S	<input type="checkbox"/> Vericella Zoster (IgG / IgM) S	<input type="checkbox"/> Osteoporosis Profile
<input type="checkbox"/> Glucose (Fasting / Random / PP) NF	<input type="checkbox"/> Thyroglobulin (Ig) S	<input type="checkbox"/> VDRL S	<input type="checkbox"/> Ovarian Function Profile
<input type="checkbox"/> Glucose Tolerance Test NF	<input type="checkbox"/> TSH S	<input type="checkbox"/> Widal Test S	<input type="checkbox"/> Primary Health Profile
<input type="checkbox"/> HbA1c E	HAEMATATOLOGY	<input type="checkbox"/> HIV C / S SW	<input type="checkbox"/> Prostate Profile
<input type="checkbox"/> Iron S	<input type="checkbox"/> APTT C	<input type="checkbox"/> Nasal Swab C / S SW	<input type="checkbox"/> Recurrent Abortion Profile
<input type="checkbox"/> LD (LDH) S	<input type="checkbox"/> Blood Group E	<input type="checkbox"/> Semen C / S SE	<input type="checkbox"/> Thyroid Profile I
<input type="checkbox"/> Magnesium S	<input type="checkbox"/> CBC E	<input type="checkbox"/> Stool C / S ST	<input type="checkbox"/> Thyroid Profile II
<input type="checkbox"/> Phosphorous S	<input type="checkbox"/> Coomb's Test (Direct / Indirect) E / S	<input type="checkbox"/> Throat Swab C / S SW	<input type="checkbox"/> TORCH IgG Profile
<input type="checkbox"/> Potassium S	<input type="checkbox"/> D-Dimer C	<input type="checkbox"/> Urethral Discharge C / S SW	<input type="checkbox"/> TORCH Ig M Profile
<input type="checkbox"/> Protein Electrophoresis S	<input type="checkbox"/> ESR E	<input type="checkbox"/> Urine C / S U	<input type="checkbox"/> Triple Test Profile
<input type="checkbox"/> Protein Total S	<input type="checkbox"/> Fibrinogen C	<input type="checkbox"/> Wet Film (HVS-Urine) SW	<input type="checkbox"/> Others.....
<input type="checkbox"/> Sodium S	<input type="checkbox"/> G6PD E	<input type="checkbox"/> Wound & Pus C / s SW	
<input type="checkbox"/> TBIC S	<input type="checkbox"/> Hb. Electrophoresis E	<input type="checkbox"/> ZN stain for AFB	
<input type="checkbox"/> Transferrin S	<input type="checkbox"/> Lupus Anticoagulants C	STOOL & URINE	
<input type="checkbox"/> Triglyceride S	<input type="checkbox"/> Malaria Smear E	<input type="checkbox"/> Occult Blood (Stool) ST	
<input type="checkbox"/> Tropoin S	<input type="checkbox"/> Prepheral Blood Smear E	<input type="checkbox"/> Rotavirus (Stool) ST	
<input type="checkbox"/> Urea S	<input type="checkbox"/> PT & INR C	<input type="checkbox"/> Stool Routine ST	
<input type="checkbox"/> Uric Acid S	<input type="checkbox"/> Reticulocytes E	<input type="checkbox"/> Urine Routine U	
<input type="checkbox"/> Vitamin B12 S	<input type="checkbox"/> Rh. Antibody S	SEMEN ANALYSIS	
<input type="checkbox"/> Vitamin D Total (D2+D3) S	<input type="checkbox"/> Sickle Cell E	<input type="checkbox"/> Semen CASA SE	
TUMOR MARKERS	SEROLGY & VIROLOGY	<input type="checkbox"/> Semen Fructose SE	
<input type="checkbox"/> AFP S	<input type="checkbox"/> ASO S	<input type="checkbox"/> Semen Routine SE	
<input type="checkbox"/> Ca 125 S	<input type="checkbox"/> Anti Sperm Antibodies S _{se/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		

Defa-HCG

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

Specimen Receiving Date : Time : AM PM

Flat 203, Union National Bank Bldg, Al Buhaira Cornish St., Al Majaz, P.O. Box 65238, Sharjah, U.A.E.
Tel. +971 6 551 9916, Fax: +971 6 551 9917, E-mail: info@dhmlab.com, Website: www.dhmlab.com