

File No#: 1000434 Date: 15/04/2018  
Patient Name: Sabren Ihsan alhadad اسم المريض  
Date of Birth (تاريخ الميلاد): 9-11-1986 Gender (الجنس): M / F  
Nationality (الجنسية): iraqi Occupation (الوظيفة): رئيس  
Marital Status (الحالة الاجتماعية): good Phone No. (رقم الهاتف): 050-2476356  
E-MAIL: Sabrenahsan@yahoo.com

How Did You Know About Us?

Weight: 50.1kg Height: 159.5cm Blood Type: BP= 100/70

Chief Complaint:

السجل الطبي Medical History

Diseases: / Medication: /  
Allergies: / Pregnancy: Lamp = 9-3-2018  
Hospitalization: Appendicitis Family History: EDD = 16-12-2018  
Habits: Smoking: Y/N Alcohol: Y/N Drugs: Y/N  
Remarks: G-4 P-2 A-0

Clinical Findings: /  
Radiography: /  
Examination: /

Diagnosis: Pre labor period

د. لميس عبد الحميد عبد المجيد  
Dr. Lamees Abdulhameed Abdulmajeed  
اختصاصي النساء وولادة  
Specialist - OBS / GYN  
ترخيص رقم: V261  
MOH License No.: V261  
مركز أوركيذ 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 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 الإجراءات الطبية الإضافية سوف تكون ضرورية لاستكمال العلاج.

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

أفرض الطبيب المعالج بإجراء العلاجات اللازمة و المطلوبة بحكم خبرتهم المهنية و العلمية.

أتفهم انه ليس هناك أي ضمانات أو أي تأمين لتنتج العلاج كما أتفهم ان هناك مخاطر ناتجة عن عدم استكمال علاج حالتي المرضية، و اتفهم تماما كافة الاخطار الناجمة عن الفحوصات و الاجراءات 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 :

التاريخ:

توقيع الطبيب المختص:



DOCTOR NOTE

15-4-18 Lmp = 9-3-2018

4/5 → Thick endom. 11 mm, Both ovaries are normal

Plan → preg test was done Today

Ⓐ if pregnant → Miscar.

Ⓑ if not pregnant → primulat 173 (5dys)

25-4-18 c.c / abortion before 5 days

4/5 → normal uterus with thin endometrium  
both ovaries are normal

Ⓐ 1) folic acid 400 mg (3 months)

2) Pandol tab etc



United Arab Emirates دولة الامارات العربية المتحدة  
Driving License رخصة قيادة



License No.	1559174	رقم الرخصة
Name	Sabreen I Yaseen	اسم صاحب الرخصة
Nationality	Iraq	الجنسية
Date of Birth	01/01/1986	تاريخ الميلاد
Issue Date	23/03/2010	تاريخ الاصدار
Expiry Date	23/03/2020	تاريخ الانتهاء
Place of Issue	Dubai	جهة الاصدار

سلطة الترخيص  
MS2  
Licensing Authority

**TEST REQUEST FORM**

Lab File No.:  
Lab No.:

Name: Solomon Insan Anindia  
DOB/Age: 11-11-2018  
Gender:  Male  Female  
Nationality: INDONESIA  
Mob No.:  
E-mail: EMAIL: ME@gmail.com  
Report Send to:

Specimen Collection Date: 15-11-2018 Time: 6.00 PM  
Fasting:  Yes  No  
Pregnancy:  Yes  No  
Ref. Doctor: DR. ERMA  
Ref. Clinic: SAKUNO 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 <sub>1</sub> p/ori (Ag / Ab) S/ST	
<input type="checkbox"/> ALT (SGPT) S	<input type="checkbox"/> Beta HCG S	<input type="checkbox"/> HAV (Total / IgM) S	<b>PROFILES</b>
<input type="checkbox"/> Amylase (Total / Pancreatic) S	<input type="checkbox"/> Cotisol (AM / PM / R) S	<input type="checkbox"/> HBc (IgM) S	<input type="checkbox"/> Anemia Profile I
<input type="checkbox"/> AST (SGOT) S	<input type="checkbox"/> DHEA-S S	<input type="checkbox"/> HBe (Ag / Ab) S	<input type="checkbox"/> Anemia Profile II
<input type="checkbox"/> Bicarbonate (HCO3) S	<input type="checkbox"/> Estradiol (E2) S	<input type="checkbox"/> HBs Ag S	<input type="checkbox"/> Antenatal Screen Profile
<input type="checkbox"/> Bilirubin (Total / Direct / Indirect) S	<input type="checkbox"/> Estril (E3) S	<input type="checkbox"/> HBs Ab S	<input type="checkbox"/> Diabetes Profile
<input type="checkbox"/> BNP S	<input type="checkbox"/> FSH S	<input type="checkbox"/> HIV Comp <sup>+</sup> S	<input type="checkbox"/> Double Test Profile
<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 - Female
<input type="checkbox"/> Chloride S	<input type="checkbox"/> Insulin (Fasting / PP1hr/Random) S	<input type="checkbox"/> HSV II (IgG / IgM) S	<input type="checkbox"/> Fertility Profile - Male
<input type="checkbox"/> Cholesterol (HDL / LDL) S	<input type="checkbox"/> LH S	<input type="checkbox"/> HCV Abs. S	<input type="checkbox"/> General Health 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"/> Hepatitis B Full Profile
<input type="checkbox"/> CK S	<input type="checkbox"/> Progesterone S	<input type="checkbox"/> Measles (IgG / IgM) S	<input type="checkbox"/> Hirsutism Profile I
<input type="checkbox"/> CK-MB S	<input type="checkbox"/> Prolactin S	<input type="checkbox"/> Monospot S	<input type="checkbox"/> Hirsutism Profile II
<input type="checkbox"/> Creatinine S	<input type="checkbox"/> SHBG S	<input type="checkbox"/> RF S	<input type="checkbox"/> Kidney Function Test
<input type="checkbox"/> Creatinine Clearance <sup>3+24</sup> S	<input type="checkbox"/> T3 (Free / Total) S	<input type="checkbox"/> Rubella (IgG / IgM) S	<input type="checkbox"/> Lipid Profile I
<input type="checkbox"/> Ferritin S	<input type="checkbox"/> T4 (Free / Total) S	<input type="checkbox"/> Toxoplasma (IgG / IgM) S	<input type="checkbox"/> Lipid Profile II
<input type="checkbox"/> Folate (Folic Acid) S	<input type="checkbox"/> TBG S	<input type="checkbox"/> TPHA S	<input type="checkbox"/> Liver Function Test
<input type="checkbox"/> GGT S	<input type="checkbox"/> Testosterone (Free / Total) S	<input type="checkbox"/> Vericella Zoster (IgG / IgM) S	<input type="checkbox"/> Menopausal Profile
<input type="checkbox"/> Glucose ( Fasting / Random / PP) NF	<input type="checkbox"/> Thyroglobulin (Ig) S	<input type="checkbox"/> VDRL S	<input type="checkbox"/> Osteoporosis Profile
<input type="checkbox"/> Glucose Tolerance Test NF	<input type="checkbox"/> TSH S	<input type="checkbox"/> Widal Test S	<input type="checkbox"/> Ovarian Function Profile
<input type="checkbox"/> HbA1c E	<b>HAEMATATOLOGY</b>		<input type="checkbox"/> Primary Health Profile
<input type="checkbox"/> Iron S	<input type="checkbox"/> APTT C		<input type="checkbox"/> Prostate Profile
<input type="checkbox"/> LD (LDH) S	<input type="checkbox"/> Blood Group E		<input type="checkbox"/> Recurrent Abortion Profile
<input type="checkbox"/> Magnesium S	<input type="checkbox"/> CBC E		<input type="checkbox"/> Thyroid Profile I
<input type="checkbox"/> Phosphorous S	<input type="checkbox"/> Coomb's Test ( Direct / Indirect ) E / S		<input type="checkbox"/> Thyroid Profile II
<input type="checkbox"/> Potassium S	<input type="checkbox"/> D-Dimer E		<input type="checkbox"/> TORCH IgG Profile
<input type="checkbox"/> Protein Electrophoresis S	<input type="checkbox"/> ESR E		<input type="checkbox"/> TORCH Ig M Profile
<input type="checkbox"/> Protein Total S	<input type="checkbox"/> Fibrinogen C		<input type="checkbox"/> Triple Test Profile
<input type="checkbox"/> Sodium S	<input type="checkbox"/> G6PD E		<input type="checkbox"/> Others
<input type="checkbox"/> TIBC S	<input type="checkbox"/> Hb. Electrophoresis E		
<input type="checkbox"/> Transferrin S	<input type="checkbox"/> Lupus Anticoagulants E		
<input type="checkbox"/> Triglyceride S	<input type="checkbox"/> Malaria Smear E		
<input type="checkbox"/> Troponin S	<input type="checkbox"/> Peripheral Blood Smear C		
<input type="checkbox"/> Urea S	<input type="checkbox"/> PT & INR C		
<input type="checkbox"/> Uric Acid S	<input type="checkbox"/> Reticulocytes E		
<input type="checkbox"/> Vitamin B12 S	<input type="checkbox"/> Rh Antibody E		
<input type="checkbox"/> Vitamin D Total (D2+D3) S	<input type="checkbox"/> Sickle Cell E		
<b>TUMOR MARKERS</b>	<b>SEROLOGY &amp; VIROLOGY</b>		
<input type="checkbox"/> AFP S	<input type="checkbox"/> ASO S		
<input type="checkbox"/> Ca 125 S	<input type="checkbox"/> Anti Sperm Antibodies <sup>se/S</sup> 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 <sup>v/SW</sup> S		
	<input type="checkbox"/> S-Serun E - EDTA blood		
	<input type="checkbox"/> EP - EDTA Plasma 24U - 24 hrs Urine		
	<input type="checkbox"/> U - Urine C-Citrate Blood		
	<input type="checkbox"/> Se - Semen NF - Sodium Fluoride		
	<input type="checkbox"/> St - Stool / Faeces		

SW - Swab S-Serun E - EDTA blood U - Urine C-Citrate Blood  
EP - EDTA Plasma 24U - 24 hrs Urine NF - Sodium Fluoride 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



Laboratory Analysis Report

Name : Sabien Ihsan ALhadad  
Sex : Female  
Date Of Birth : 31 Y  
Referred By : Orchid M.C  
Receiving Date : APR-15-18 07:04 PM  
Insurance Company :  
Indication :  
Clinic File No. :  
Lab File No. : 1804-02849  
Lab. Case No. : 35170  
Clinic Name :  
Reporting Date : APR-15-18 08:08 PM  
Insurance No. :

**HORMONES / ENDOCRINOLOGY**

Test	Result	Methodology
BHCG qualitative Sample Type Serum	Positive	

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

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

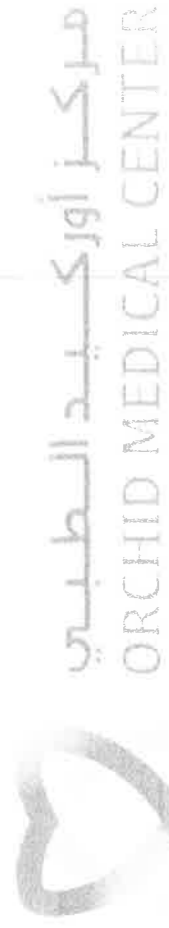
Final Report  
Page 1 of 1

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

Printed on : APR-15-18 08:11 PM

Sharjah, U.A.E





AED 150.00	RECEIPT VOUCHER (No. REC-000542)	Date: 26-04-2018
Receive from Mr./Mrs./M/s. 1000434 - SABREN ALHADAD - 971502476356		
The sum of Dhs. <b>One Hundred Fifty Only</b>		
By Cash 0.00 / By Credit Card 150.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00		
Bank:	Cheque No.	Date: 26-04-2018
Being		
Made by Ghada		

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

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