

File No#: 1000 446 Date: 18/04/18 اسم المريض

Patient Name: ALAA MELI

Date of Birth (تاريخ الميلاد): 01/01/1994 Gender (الجنس): M / F

Nationality (الجنسية): (Y/IAU) Occupation (الوظيفة):

Marital Status (الحالة الاجتماعية): M Phone No. (رقم الهاتف): 0529178777

E.MAIL:

How Did You Know About Us?

Weight: 57.50kg Height: _____ Blood Type: OP- 110/70mmHg

Chief Complaint: pregnant (only wanted follow up)

السجل الطبي
Medical History

Diseases: _____

Allergies: _____

Hospitalization: _____

Habits: _____ Smoking: Y/N

Alcohol: Y/N

Drugs: Y/N

Medication: _____

Pregnancy: LMP: 02-12-2017

Family History: EDD - 9-9-2018

Clinical Findings: _____

Radiography: _____

Examination : _____

Diagnosis: pregnant 19 weeks





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 حالي 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 أن 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.


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

أتفهم أنه ليس هناك أي ضمانات أو أي تأمين لنتائج العلاج كما أتفهم أن هناك مخاطر ناتجة عن عدم استكمال علاج حالي 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 أن هناك رسوم الابدنى يجب دفعها مقابل الخدمة العلاجية و أن جميع الرسوم المطلوبة يجب سدادها مباشرة بعد الانتهاء من كل علاج.

إن أي معلومات أقمها بخصوص حالي الصحية ستبقى سرية تماما ولا يمكن الاطلاع عليها دون موافقتي.

أقر أنني امتك المعلومات الكافية لتوقيع هذا الإقرار. و إن 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

- 18-04-18 - Patient is 19 weeks pregnant.
- Sent for image center for 4D anomaly scan
 - FeFol → multivitamin cap was prescribed

REDAD DATA

cAEAlOEBAAs3ODQxO*

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	Alaa, Walid, Kelzi	IDN:	784199451069571	Mother Name:	
Name (Ar)	الاء وليد كلزي	Card Number:	084309883	Mother Name (Ar):	
Title:		Nationality:	SYR	Family ID:	
Title (Ar):		Nationality (Ar):	الجمهورية العربية السورية		
Issue Date:	11/07/2017	Sex:	F	Sponsor Type:	03
Expiry Date:	04/07/2019	Date of Birth:	01/01/1994	Sponsor Name:	محمد منصور كلزي
Marital Status:	02	Husband IDN:		Sponsor Number:	15215966
Residency Type:	03	Residency Number:	30120133012097	Residency Expiry:	04/07/2019
ID Type:	IL	Occupation:	10	Occupation Field:	00



Photo

Signature Image

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

4/18/2018



Name : Alaa Kelzi
SID : 1804187
Age/Sex : 24 Yrs /Female
Email :
Mobile : 055 9578777

Doctor : Dr. Iman Mohsin Ali
Centre : Orchid Medical Center
Telephone : 065558337
Fax :
Reg. No : 9889

LMP : ?

PREGNANCY ANOMALY ULTRASOUND (4D) :

The examination reveals a single viable active fetus , breech presentation .

The placenta is fundo posterior not previa , grade 1 maturity .

Liquor is adequate for gestational age . AFI 13

FETAL MEASUREMENTS:

BPD : 45 mm (19 weeks 4 day)

HC : 166 mm (19 weeks 2 day)

AC : 136 mm (19 weeks 0 day)

FL : 30 mm (19 weeks 1 day)

The cardiac activity is well visualized & the heart rate is 142 beats per minute.

The estimated fetal weight : 300 gram

EDD : 10 -09 -2018

A detailed examination of the fetus was done to detect congenital anomalies :

HEAD :

Evidence of cystic areas , look clear with thin wall at lateral ventricles horns bilaterally of

8.9 x 6.1 mm , 8.4 x 5.2 mm (possibly choroid plexus cysts : For follow up) ,

Otherwise normal looking falx cerebri with no other identifiable abnormality seen .

SPINE :

Entire spine visualized in longitudinal & transverse axis .

vertebrae and spinal canal appear normal .

NECK :

No cystic lesion seen around neck .

FACE :

Registered on: 18-04-2018 18:22

Reported on:

Printed:

Dr. Dunia K. Albadry
Specialist Radiologist
D17695

Image, Quality in Human Care

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Name : Alaa Kelzi
SID : 1804187
Age/Sex : 24 Yrs /Female
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Doctor : Dr. Iman Mohsin Ali
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Fetal face seen in the coronal & profile views,
both orbits ,nose & mouth appear normal .

THORAX :

Heart appear in the mid position , 4 chambered heart is seen .
however fetal echocardiography is the examination of choice for fetal heart .

ABDOMEN :

Abdominal walls appear normal

Athree vessel cord is seen with normal cord insertion .
stomach and bowel appears normal .
no evidence of ascites

URINARY TRACT :

Both kidneys and urinary bladder appeared normal .

LIMBS :

The long bones are visualized and appear normal for the period of gestation .
the hands and feet of both sides show no gross abnormality .

IMPRESSION:

Single viable intrauterine gestation of (19 weeks 2 days).

All measurement including estimated fetal weight are subject to statistical variation.
Not all anomalies can be detected by ultrasound examinations, due to its unknown limitations
and Subtle defect may not be seen in all scans.

Registered on: 18-04-2018 18:22
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Dr.Dunia K. Albadry
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