



مركز أوركييد الطبي
ORCHID MEDICAL CENTER

صحة... ابتسامة... جمال
Health ... Smile ... Beauty

File No: 1002355

Date: / /

Date: 19/6/2019

File Number: 1002355

Patient Name: TEMAR ALI EL TAYEB

اسم المريض:

Date Of Birth (تاريخ الميلاد): 1/8/1996

Marital Status (الحالة الاجتماعية): SINGLE

Nationality (الجنسية): SUDANESE

Occupation (الوظيفة): DENTIST

Address (العنوان): 543, CRASSIM, YAH, DIB

Phone No. (رقم الهاتف): 053977790

E-MAIL: TEHARALIG@GMAIL.COM

How did you know about us: YES

التاريخ الطبي	
Medical Condition	الحالة الطبية
Recent or current drugs/Medical Treatment هل تتعاطى أي أدوية أو تتلقى أي علاجات حديثة؟	Yes/No نعم / لا YES
Corticosteroids/Immunosuppressant هل تتعاطى أي سترويدات أو مثبطات للمناعة؟	NO
Allergies هل لديك أي حساسية؟	NO
Surgical Operations, Serious Illness هل أجريت أي عمليات جراحية أو تعاني من أي أمراض؟	NO
Cardiac surgery, Rheumatic fever, Endocarditis, Artificial heart valve, Congenital heart disease جراحة قلب، حمى روماتويد، التهاب شغاف القلب، صمام قلب صناعي، أمراض القلب	NO
High Blood Pressure, Bleeding disorders, Anticoagulants هل لديك ارتفاع في ضغط الدم، مشاكل في النزيف أو تتعاطى أي مميعات للدم؟	NO
Anemia, Leukemia (سرطان الدم)	NO
Chest disease, Asthma, Bronchitis, TB, Other أمراض صدرية، أزمة تنفسية، التهاب في الشعبات، السل، أمراض أخرى	NO
Renal, Urinary, Sexually transmitted disease هل تعاني من أي أمراض في الكلى أو أمراض بولية أو تناسلية؟	NO
Pregnancy, Contraceptive pill, Menstrual problems هل أنت حامل؟ هل تتعاطين أي مانع للحمل؟ هل تعانين من مشاكل في الدورة الشهرية؟	NO
Hepatitis, Jaundice, Other liver diseases التهاب الكبد الوبائي، الصفراء، أي أمراض كبدية أخرى	NO
Peptic ulcer, Crohn's ulcerative colitis, Other قرحة معوية، داء كرون، أي أمراض معوية أخرى؟	NO
Epilepsy, or any other neurological disease هل تعاني من الصرع أو أي أمراض في الجهاز العصبي؟	NO
Thyroid Diseases, Diabetes هل تعاني من مرض الغدة الدرقية؟	NO
Other conditions هل تعاني من أي أمراض أخرى؟	NO
HSV, HIV...etc	NO

إذا كانت الاجابة نعم اذكر بالتفصيل

DOXICICLIN
DIFFEREN

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 any procedures which are advisable in their professional judgment.
- I understand that no warranty or guarantee has been made to me as a result or cure just as there may be risks and hazards in continuing my present condition without treatment.
- I understand that there are also risks and hazards to the performance of the diagnostic and/or surgical procedures.
- I realize that common surgical or diagnostic procedures are potential for an infection, swelling, bleeding, pain or allergic reaction.
- I understand that there are minimal fees to be paid per service and that all fees must be paid in full before the completion of treatment.
- I consent that all medical history and information I provided in my medical file is true and I understand that any information I provide regarding my medical status will be kept confidential and anonymous.
- I believe that I have sufficient information to give this consent. I certify that this form has been fully explained to me and that I have read it and I understand its' content and I sign it with all my will.

I am fully aware that any payments is NON refundable

Patient's Signature/ Guardians (In case of minors):

Date: ١٩ / ٦ / ٢٠١٩

نموذج اقرار طبي

- أوافق و أسمح للطبيب بعلاج حالتي المرضية التي تم شرحها لي من قبل الطبيب المختص و المؤهل،
- أتفهم أن بعض الإجراءات الطبية والتشخيصية الإضافية قد تكون ضرورية من أجل تزويدي بأفضل العلاج والأمثل و الخدمة الأفضل.
- أتفهم أنه من الممكن أن يكشف الطبيب خلال العلاج أموراً مختلفة عن ما نذكر في الفحص الأولي و التي قد تتطلب إجراءات إضافية أو مختلفة عن تلك المخطط لها.
- أفوض الطبيب المعالج باتخاذ كل الإجراءات الطبية و العلاجات اللازمة و المطلوبة بحكم خبرته المهنية و العلمية.
- أقر أنه لم يتم تقديم اي ضمانات او تأمين لنتائج العلاج و الإجراءات الطبية او التجميلية المقدمة لي، كما أتفهم الاخطار و المضاعفات الناتجة عن عدم استكمال علاج حالتي المرضية.
- أتفهم تماماً كافة الاخطار و المضاعفات التي قد تكون مصاحبة للفحوصات و الإجراءات العلاجية و الجراحية.
- و ادرك ان بعض الإجراءات التشخيصية و العلاجية و الجراحية قد تؤدي الى مضاعفات كالالتهاب أو التورم أو النزيف أو الألم أو الحساسية
- أتفهم أن هناك رسوم بالحد الأدنى يجب علي دفعها مقابل الخدمة العلاجية و أن جميع الرسوم المطلوبة يجب ان تسدد بالكامل قبل الانتهاء من العلاج.
- أقر أن كافة المعلومات الطبية و التاريخ الطبي الذي قيمته لدى فتحي الملف صحية، و أتفهم ان اي معلومات تتعلق بحالتي الصحية ستبقى سرية تماماً و لا يمكن الاطلاع عليها دون موافقتي
- أقر أن لدي المعلومات الكاملة لتقديم هذا الإقرار و ان هذا النموذج قد تم شرحه لي بالكامل و اني قد قرأت و فهمت جميع تفاصيله بالكامل و اني وقعت عليه بكامل ارادتي

انا على دراية تامة أن أي مدفوعات للمركز هي غير قابلة للاسترداد

توقيع المريض / ولي الأمر (لمن هم دون السن القانونية):

التاريخ: ... / ... /

استمارة تقييم المريض Patient Assessment Form

المؤشرات الحيوية Vital Signs

Weight (الوزن):	Kg	Height (الطول):	cm	Blood Type (فصيلة الدم):
Pulse (النبض):	ppm	Blood Pressure (ضغط الدم):	/	Blood Sugar (سكر الدم):

سبب زيارة المريض للعيادة Chief Complaint

التاريخ المرضي: Disease History

الحساسية Allergies

الأدوية Medications

الحمل Pregnancy

Previous Surgeries, Hospitalization
عمليات سابقة ، الدخال المستشفى

Smoking (التدخين) : Y / N

Alcohol (الكحول) : Y / N

Drugs (تعاظمي العقاقير) : Y / N

الملاحظات العامة و السريرية General & Clinical Findings

الفحص Examination

الصور الشعاعية Radiography

التشخيص Diagnosis

File No:

Date: / /

Treatment Plan خطة العلاج

Doctor's Signature and Stamp

.....



PATIENT NAME:

FILE NO#:

DATE	TREATMENT	PAYMENT	BALANCE	SIGNATURE
19/6/2019	relapsing ACNE Vulgaris Previous treatment (Tetracyclins Al-Epidid) Blood test (CBC-lipid profile-liver fn) Glucose fasting Plan: Roaccutan <div data-bbox="617 913 866 1270" style="border: 1px solid black; padding: 2px; width: fit-content;"> <p>د. وسام مروان الطيب Dr. Wesam Marwan Al Tabbaa الخصيصة الجلدية Dermatology specialist MOH License No.: V826 Orchid Medical Centre</p> </div>	Con + BT		
22/6/2019	duration 6.2 month Roaccutan 40mg (2x2)			
24/7/2019	chol = 242 Roaccutan 40mg (2x20)		cons = 700	
24/8/2019	oratan 40mg next month Blood test (Liver function - lipid profile)		cons = 200	

د. وسام مروان الطيب
Dr. Wesam Marwan Al Tabbaa
الخصيصة الجلدية
Dermatology specialist
MOH License No.: V826
Orchid Medical Centre

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	Iethar, Ali, Eltayeb, Ahmed	IDN:	784199675708400	Mother Name:	
Name (Ar)	ايتار علي الطيب احمد	Card Number:	093648069	Mother Name (Ar):	
Title:		Nationality:	SDN	Family ID:	
Title(Ar):		Nationality (Ar):	السودان		
Issue Date:	18/03/2019	Sex:	F	Sponsor Type:	03
Expiry Date:	12/03/2022	Date of Birth:	01/08/1996	Sponsor Name:	علي الطيب احمد محمد
Marital Status:	01	Husband IDN:		Sponsor Number:	10979135
Residency Type:	03	Residency Number:	30120193000522	Residency Expiry:	12/03/2022
ID Type:	IL	Occupation:	11	Occupation Field:	00



Photo

Signature Image

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

6/19/2019

TEST REQUEST FORM

Name : د. هنادي ع ل تالعب
 DOB/Age :
 Gender : Male Female
 Nationality :
 Mob No.:
 E-mail :
 Report Send to :

Specimen Collection Date: Time
 Fasting Yes No
 Pregnancy Yes No
 Ref. Doctor :
 Ref. Clinic :
 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"/> CMV (IgM / IgG) S
<input type="checkbox"/> Aldosterone S	<input type="checkbox"/> ACTH S	<input type="checkbox"/> Allergy (Food / Inhalant / Paediatric) S
<input type="checkbox"/> Alkaline Phosphatase S	<input type="checkbox"/> Anti-Tg Antibodies S	<input type="checkbox"/> EBV (IgG / IgM) S
<input type="checkbox"/> ALT (SGPT) S	<input type="checkbox"/> Beta HCG S	<input type="checkbox"/> H. pylori (Ag / Ab) S/ST
<input type="checkbox"/> Amylase (Total / Pancreatic) S	<input type="checkbox"/> Cotisol (AM / PM / R) S	<input type="checkbox"/> IgE S
<input type="checkbox"/> AST (SGOT) S	<input type="checkbox"/> DHEA-S S	PROFILES
<input type="checkbox"/> Bicarbonate (HCO3) S	<input type="checkbox"/> Estradiol (E2) S	<input type="checkbox"/> Anemia Profile I
<input type="checkbox"/> Bilirubin (Total / Direct / Indirect) S	<input type="checkbox"/> Estriol (E3) S	<input type="checkbox"/> Anemia Profile II
<input type="checkbox"/> BNP S	<input type="checkbox"/> FSH S	<input type="checkbox"/> Antenatal Screen Profile
<input type="checkbox"/> Calcium (Total / Ionized) S	<input type="checkbox"/> Growth Hormone S	<input type="checkbox"/> Diabetes Profile
<input type="checkbox"/> Chloride S	<input type="checkbox"/> Insulin (Fasting / PP/1hr/Random) S	<input type="checkbox"/> Double Test Profile
<input type="checkbox"/> Cholesterol (HDL / LDL) S	<input type="checkbox"/> LH S	<input type="checkbox"/> Fertility Profile- Female
<input type="checkbox"/> Cholesterol, Total S	<input type="checkbox"/> Parathyroid hormone (PTH) EP	<input type="checkbox"/> Fertility Profile- Male
<input type="checkbox"/> CK S	<input type="checkbox"/> Progesterone S	<input type="checkbox"/> General Health Profile
<input type="checkbox"/> CK-MB S	<input type="checkbox"/> Prolactin S	<input type="checkbox"/> Hepatitis B Full Profile
<input type="checkbox"/> Creatinine S	<input type="checkbox"/> SHBG S	<input type="checkbox"/> Hirsutism Profile I
<input type="checkbox"/> Creatinine Clearance Sx24U	<input type="checkbox"/> T3 (Free / Total) S	<input type="checkbox"/> Hirsutism Profile II
<input type="checkbox"/> Ferritin S	<input type="checkbox"/> T4 (Free / Total) S	<input type="checkbox"/> Kidney Function Test
<input type="checkbox"/> Folate (Folic Acid) S	<input type="checkbox"/> Testosterone (Free / Total) S	<input type="checkbox"/> Lipid Profile I
<input type="checkbox"/> GGT S	<input type="checkbox"/> Thyroglobulin (Tg) S	<input type="checkbox"/> Lipid Profile II
<input type="checkbox"/> Glucose (Fasting / Random / PP) NF	<input type="checkbox"/> TSH S	<input type="checkbox"/> Lipid Profile II
<input type="checkbox"/> Glucose Tolerance Test NF	HAEMATOLOGY	<input type="checkbox"/> Liver Function Test
<input type="checkbox"/> HbA1c E	<input type="checkbox"/> APTT C	<input type="checkbox"/> Menopausal Profile
<input type="checkbox"/> Iron S	<input type="checkbox"/> Blood Group E	<input type="checkbox"/> Osteoporosis Profile
<input type="checkbox"/> LD (LDH) S	<input type="checkbox"/> CBC E	<input type="checkbox"/> Ovarian Function Profile
<input type="checkbox"/> Magnesium S	<input type="checkbox"/> Coomb's Test (Direct / Indirect) E/S	<input type="checkbox"/> Primary Health Profile
<input type="checkbox"/> Phosphorous S	<input type="checkbox"/> D-Dimer C	<input type="checkbox"/> Prostate Profile
<input type="checkbox"/> Potassium S	<input type="checkbox"/> ESR E	<input type="checkbox"/> Recurrent Abortion Profile
<input type="checkbox"/> Protein Electrophoresis S	<input type="checkbox"/> Fibrinogen E	<input type="checkbox"/> Thyroid Profile I
<input type="checkbox"/> Protein Total S	<input type="checkbox"/> G6PD E	<input type="checkbox"/> Thyroid Profile II
<input type="checkbox"/> Sodium S	<input type="checkbox"/> Hb. Electrophoresis E	<input type="checkbox"/> TORCH IgG Profile
<input type="checkbox"/> TIBC S	<input type="checkbox"/> Lupus Anticoagulants C	<input type="checkbox"/> TORCH Ig M Profile
<input type="checkbox"/> Transferrin S	<input type="checkbox"/> Malaria Smear E	<input type="checkbox"/> Triple Test Profile
<input type="checkbox"/> Triglyceride S	<input type="checkbox"/> Preperhal Blood Smear	<input type="checkbox"/> Others.....
<input type="checkbox"/> Troponin S	<input type="checkbox"/> PT & INR C	
<input type="checkbox"/> Urea S	<input type="checkbox"/> Reticulocytes E	
<input type="checkbox"/> Uric Acid S	<input type="checkbox"/> Rh. Antibody S	
<input type="checkbox"/> Vitamin B12 S	<input type="checkbox"/> Sickle Cell E	
<input type="checkbox"/> Vitamin D Total (D2+D3) S	SEROLOGY & VIROLOGY	
<input type="checkbox"/> AFP S	<input type="checkbox"/> ASO S	
<input type="checkbox"/> Ca 125 S	<input type="checkbox"/> Anti-Sperm Antibodies S# / 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	

SW - Swab
 EP - EDTA Plasma
 S - Serum
 24U - 24 hrs Urine
 E - EDTA blood
 NF - Sodium fluoride
 U - Urine
 Se - Semen
 C-Citrate Blood
 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



مركز أوركيده الطبي
ORCHID MEDICAL CENTER

AED 210.00

RECEIPT VOUCHER (No.REC-004114)

Date:19-06-2019

Receive from Mr./Mrs./M/s. 1002355 - IETHAR ALI - 971559717790

The sum of Dhs. **Two Hundred Ten Dirhams and Zero Fils Only**

By Cash **210.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: 19-06-2019

Being **CONSULTATION + VAT**

Made by **Hiba**

- 1.Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
- 2.Treatment includes lab cost is non-refundable.
- 3.After 48 hours No refundable accepted

Confirmed by : 1002355 - IETHAR ALI - 971559717790

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

www.omc1.ae

LABORATORY INVESTIGATION REPORT

Patient Name : Ms / Iethar Ali Eitayeb
Gender/Age : Female / 22 Years
Clinic : WALK-IN
Doctor : Self

Visit ID : 1019009235
Registered on : 20/06/2019 10:37:57 AM
Collected on : 20/06/2019 10:40:06 AM
MRN :

Test Name	Result	Unit	Ref. Range	Methodology
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BIO CHEMISTRY

LIPID PROFILE

Total Cholesterol	190	mg/dL	Desirable: < 200 Borderline High: 200 - 240 High: > 240	Enzymatic Kinetic
Tri ^h cerides	60	mg/dL	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 500	Enzymatic Kinetic
HDL Cholesterol	113 H	mg/dL	High Risk < 40 Healthy : 40 - 60 Low Risk > 60	Enzymatic Kinetic
LDL Cholesterol	65	mg/dL	Desirable < 129 Borderline High: 130-189 Undesirable > 189	Direct
Cholesterol / HDL Ratio	1.7	mg/dL	< 4.5	Calculated
LDL / HDL Ratio	0.6	mg/dL	< 4.2	Calculated
VLDL Cholesterol	12	mg/dL	< 30	Calculated

Sample Type :Serum



Analysed by : Thana Alwani .
Lab Manager

License No : T-38204
20/06/2019 12:37:09 PM

Page 2 of 3

Printed on: 20/06/2019 12:38:03 PM



Approved by : Dr. Uday Sudhaker
Clinical Pathologist

License No : D-52925
20/06/2019 12:37:10 PM

LABORATORY INVESTIGATION REPORT

Patient Name : Ms / Iethar Ali Elkayeb
Gender/Age : Female / 22 Years
Clinic : WALK-IN
Doctor : Self

Visit ID : 1019009235
Registered on : 20/06/2019 10:37:57 AM
Collected on : 20/06/2019 10:40:06 AM
MIRN :

Methodology

Ref. Range

Unit

Result

Test Name

HEMATOLOGY

CBC (Complete Blood Count)

RBC (Red Blood Cells)	4.7	10 ⁶ /μL	3.9 - 5.2	Electrical impedance
HB (Hemoglobin)	13.5	g/dL	12.0 - 16.0	SPECTROPHOTOMETRY
HCT (Hematocrit)	40.3	%	35.0 - 45.0	Calculated
MCV (Mean Corpuscular Volume)	85.2	fL	80 - 98.3	Calculated
MCH (Mean Corpuscular Haemoglobin)	28.5	pg	27.0 - 32.0	Calculated
MCHC (Mean Corpuscular Haemoglobin Concentration)	33.4	g/dL	32.0 - 37.0	Calculated
RDW	14.1	%	12 - 15.5	Calculated
Platelet Count	245	10 ³ /μL	150 - 450	Electrical impedance
WBC (White Blood Cells)	5.3	10 ³ /μL	4.5 - 11	Electrical impedance
Differential count				
Neutrophils	43	%	30 - 65	Optical /Impedance
Lymphocytes	43 H	%	20 - 40	Optical /Impedance
Eosinophils	7 H	%	0 - 6	Optical /Impedance
Monocytes	8	%	1 - 10	Optical /Impedance
Basophils	0	%	0 - 1	Optical /Impedance

Sample Type : EDTA Whole Blood



Analysed by : Thana Alwani .
Lab Manager

Printed on: 20/06/2019 12:38:03 PM

Approved by : Dr. Uday Sudhalker
Clinical Pathologist

License No : T-38204



License No : D-52925

20/06/2019 12:37:09 PM

20/06/2019 12:37:10 PM

LABORATORY INVESTIGATION REPORT

Patient Name : Ms / Iethar Ali Eitayeb
Gender/Age : Female / 22 Years
Clinic : WALK-IN
Doctor : Self

Visit ID : 1019009235
Registered on : 20/06/2019 10:37:57 AM
Collected on : 20/06/2019 10:40:06 AM
MRN :

Test Name	Result	Unit	Ref. Range	Methodology
Glucose (Fasting)	94	mg/dL	60 - 115	Glucose oxidase.
<i>Sample Type :Sodium fluoride plasma</i>				
ALT (Alanine Aminotransferase)	13	U/L	< 31	IFCC, UV Buffer
<i>Sample Type :Serum</i>				
AST (Aspartate Aminotransferase)	18	U/L	< 31	IFCC, UV Buffer
<i>Sample Type :Serum</i>				
GGT (Gamma Glutamyl Transferase)	17	U/L	< 32	Enzymatic Kinetic
<i>Sample Type :Serum</i>				
ALP (Alkaline Phosphatase)	60	U/L	< 120	Colorimetric ,AMP buffer
<i>Sample Type :Serum</i>				
Total Bilirubin	0.7	mg/dL	Adult: < 1.2 Children with age = or > 1 month: < 1.0	Colorimetric Vanadate Oxidation method
<i>Sample Type :Serum</i>				
Direct Bilirubin	0.12	mg/dL	< 0.30	Vanadate Oxidation
<i>Sample Type :Serum</i>				
Total Protein	7.6	g/dL	6.5 - 8.3	Colorimetric assay
<i>Sample Type :Serum</i>				
Albumin	4.49	g/dL	3.5 - 5.5	Enzymatic Kinetic
<i>Sample Type :Serum</i>				
Globulin	3.1	g/dL	2.0 - 3.5	Calculation
Albumin/ Globulin Ratio	1.45		1.1 - 2.2	
<i>Sample Type :Serum</i>				

*** End Of Report ***

* Results reported are for the samples received and reference range is age related when applicable.

Analysed by : Thana Alwani .
Lab Manager
License No : T-38204
20/06/2019 12:37:09 PM

Approved by : Dr. Uday Sudhaker
Clinical Pathologist
License No : D-52925
20/06/2019 12:37:10 PM

Page 3 of 5
Printed on: 20/06/2019 12:38:03 PM



LABORATORY INVESTIGATION REPORT

Patient Name	: Ms / Iethar Ali Elitayeb	Visit ID	: 1019011820
Gender/Age	: Female / 22 Years	Registered on	: 7/23/2019 12:58:25 PM
Clinic	: WALK-IN	Received on	: 7/23/2019 12:59:13 PM
Doctor	: Self	MRN	:

Test Name	Result	Unit	Ref. Range	Methodology
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BIO CHEMISTRY

LIPID PROFILE

Total Cholesterol	242 H	mg/dL	Desirable: < 200 Borderline High: 200 - 240 High: > 240	CHOD-POD Method
Triglycerides	80	mg/dL	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 500	GPO-PAP method
HDL Cholesterol	99 H	mg/dL	High Risk < 40 Healthy : 40 - 60 Low Risk > 60	Direct enzymatic
LDL Cholesterol	127	mg/dL	Desirable < 129 Borderline High: 130-189 Undesirable > 189	Direct
Cholesterol / HDL Ratio	2.4	Ratio	< 4.5	Calculated
LDL / HDL Ratio	1.3	Ratio	< 4.2	Calculated
VLDL Cholesterol	16	mg/dL	< 30	Calculated

Sample Type : Serum



Analysed by : Jara Taha .
Hematology Specialist

Page 2 of 3

Printed on: 7/24/2019 6:06:11 PM

Approved by : Dr. Uday Sudhaiker
Clinical Pathologist

License No :



License No : D-52925

7/23/2019 3:01:04 PM

7/23/2019 3:05:21 PM

Al Marzoqi Tower, C.G Mall Office 502C, King Faizal Street, Sharjah, United Arab Emirates
P.O.Box : 60727, Sharjah, U.A.E., Tel: +971 6 5509991, Mob: +971 56 9066789

LABORATORY INVESTIGATION REPORT

Patient Name	: Ms / Iethar Ali Elitayeb	Visit ID	: 1019011820
Gender/Age	: Female / 22 Years	Registered on	: 7/23/2019 12:58:25 PM
Clinic	: WALK-IN	Received on	: 7/23/2019 12:59:13 PM
Doctor	: Self	MRN	:

<u>Test Name</u>	<u>Result</u>	<u>Unit</u>	<u>Ref. Range</u>	<u>Methodology</u>
Glucose (Fasting)	87	mg/dL	60 - 115	Glucose oxidase.
<i>Sample Type :Sodium flouride plasma</i>				
ALT (Alanine Aminotransferase)	26	U/L	< 31	UV buffer without P5P
<i>Sample Type :Serum</i>				
AST (Aspartate Aminotransferase)	28	U/L	< 31	UV buffer without P5P
<i>Sample Type :Serum</i>				
GGT (Gamma Glutamyl Transferase)	26	U/L	< 32	Enzymatic Kinetic
<i>Sample Type :Serum</i>				
ALP (Alkaline Phosphatase)	82	U/L	< 120	Colorimetric ,AMP buffer
<i>Sample Type :Serum</i>				
Total Bilirubin	0.5	mg/dL	Adult: < 1.2 Children with age = or > 1 month: < 1.0	Colorimetric Vanadate Oxidation method
<i>Sample Type :Serum</i>				
Direct Bilirubin	0.15	mg/dL	< 0.30	Vandate Oxidation
<i>Sample Type :Serum</i>				
Total Protein	7.9	g/dL	6.5 - 8.3	Biuretic method
<i>Sample Type :Serum</i>				
Albumin	4.62	g/dL	3.5 - 5.5	Enzymatic- Bromocresol green
<i>Sample Type :Serum</i>				
Globulin	3.3	g/dL	2.0 - 3.5	Calculation
<i>Sample Type :Serum</i>				
Albumin/ Globulin Ratio	1.40		1.1 - 2.2	
<i>Sample Type :Serum</i>				

*** End Of Report ***

* Results reported are for the samples received and reference range is age related when applicable.



Analysed by : Jara Taha .
Hematology Specialist

License No : 7/23/2019 3:01:04 PM

Approved by : Dr. Uday Sudhakar
Clinical Pathologist

License No : D-52925
7/23/2019 3:05:21 PM

Page 3 of 3

Printed on: 7/24/2019 6:06:11 PM



Al Marzoqi Tower, C.G Mall Office 502C, King Faizal Street, Sharjah, United Arab Emirates
P.O.Box : 60727, Sharjah, U.A.E., Tel: +971 6 5509991, Mob: +971 56 9066789

LABORATORY INVESTIGATION REPORT

Patient Name : Ms / Iethar Ali Eltayeb
Gender/Age : Female / 22 Years
Clinic : WALK-IN
Doctor : Self

Visit ID : 1019011820
Registered on : 7/23/2019 12:58:25 PM
Received on : 7/23/2019 12:59:13 PM
MRN :

Test Name	Result	Unit	Ref. Range	Methodology
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HEMATOLOGY

Test Name	Result	Unit	Ref. Range	Methodology
CBC (Complete Blood Count)				
RBC (Red Blood Cells)	4.7	10 ⁶ /μL	3.9 - 5.2	Electrical impedance
HB (Hemoglobin)	13.6	g/dL	12.0 - 16.0	SPECTROPHOTOMETRY
HCT (Hematocrit)	39.1	%	35.0 - 45.0	Calculated
MCV (Mean Corpuscular Volume)	84	fL	80 - 98.3	Calculated
MCH (Mean Corpuscular Haemoglobin)	29.1	pg	27.0 - 32.0	Calculated
MCHC (Mean Corpuscular Haemoglobin Concentration)	34.7	g/dL	32.0 - 37.0	Calculated
RDW	13.8	%	12 - 15.5	Calculated
Platelet Count	254	10 ³ /μL	150 - 450	Electrical impedance
WBC (White Blood Cells)	6.1	10 ³ /μL	4.5 - 11	Electrical impedance
Differential count				
Neutrophils	39	%	30 - 65	Optical /Impedance
Lymphocytes	45 H	%	20 - 40	Optical /Impedance
Eosinophils	7 H	%	0 - 6	Optical /Impedance
Monocytes	9	%	1 - 10	Optical /Impedance
Basophils	0	%	0 - 1	Optical /Impedance

Sample Type : EDTA Whole Blood



Analysed by : Jara Taha .
Hematology Specialist

License No : 7/23/2019 3:01:04 PM

Page 1 of 3

Printed on: 7/24/2019 6:06:11 PM



Approved by : Dr. Uday Sudhaliker
Clinical Pathologist

License No : D-52925
7/23/2019 3:05:21 PM

AI Marzoqi Tower, C.G Mall Office 502C, King Faizal Street, Sharjah, United Arab Emirates
P.O.Box : 60727, Sharjah, U.A.E., Tel: +971 6 5509991, Mob: +971 56 9066789

Patient Details

Patient Name	Iethar Ali Eitayeb Ahmed
DOB	01-08-1996
Patient Id	784199675708400
Gender	Female

Prescription Detail

Facility	ORCHID MEDICAL CENTRE(7243)
Prescription Issue Date	24-Jul-2019 20:39:02
Prescription Expiry Date	27-Jul-2019 20:39:02
Clinician Name	Wesam Marwan Altabbaa(MOHD54409)
Prescription No	3084320
Status	Active

Diagnosis Details

Primary
• Acne vulgaris L70.0

Prescribed Medication

• E74-4637-03188-01 Isotretinoin (Roaccutane ® 20mg) 20mg Capsule 30's (10's Blister x 3) Qty: 60 Capsule, Duration: 30 days, Strength: 20 mg, Refill: 0 Clinician Comment: AFTERNOON Dosage Advice: Take 1 Capsule Twice a day
--



مركز أوركييد الطبي
ORCHID MEDICAL CENTER

AED 210.00

RECEIPT VOUCHER (No. REC-004493)

Date: 24-07-2019

Receive from Mr./Mrs./M/s. 1002355 - IETHAR ALI - 971559717790

The sum of Dhs. **Two Hundred Ten Dirhams and Zero Fils Only**

By Cash **210.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No. Date: 24-07-2019

Being **CONSULTATION + VAT**

Made by **Hiba**

1. Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
2. Treatment includes lab cost is non-refundable.
3. After 48 hours No refundable accepted

Confirmed by : 1002355 - IETHAR ALI - 971559717790

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



مركز أوركيده الطبي
ORCHID MEDICAL CENTER

AED 200.00

RECEIPT VOUCHER (No.REC-004992)

Date:04-09-2019

Receive from Mr./Mrs./M/s. 1002355 - IETHAR ALI - 971559717790

The sum of Dhs. Two Hundred Dirhams and Zero Fils Only

By Cash 200.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 04-09-2019

Being CONSULTATION + VAT

Made by Rana

- 1.Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
- 2.Treatment includes lab cost is non-refundable.
- 3.After 48 hours No refundable accepted

Confirmed by : 1002355 - IETHAR ALI - 971559717790

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

Patient Details

Patient Name Iethar Ali Eitayeb Ahmed

DOB 01-08-1996

Patient Id 784199675708400

Gender Female

Prescription Detail

Facility Bella Rose Medical Center llc(DHA/LS/2992011/47774)
Prescription Issue Date 04-Sep-2019 18:27:55
Prescription Expiry Date 07-Sep-2019 18:27:55
Clinician Name Nadeem Ghreir(DHA-P-0068963)
Prescription No 4378854
Status Active

Diagnosis Details

- Primary**
- Acne vulgaris L70.0

Prescribed Medication

- E74-4637-03188-01 Isotretinoin (Roaccutane ® 20mg) 20mg Capsule 30's (10's Blister x 3)
Qty:60 Capsule, **Duration:**30 days, **Strength:**20 mg, **Refill:**0
Clinician Comment:AFTER MEAL
Dosage Advice: Take 1 Capsule Twice a day



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 210.00

RECEIPT VOUCHER (No.REC-005406)

Date:05-10-2019

Receive from Mr./Mrs./M/s. 1002355 - IETHAR ALI - 971559717790

The sum of Dhs. **Two Hundred Ten Dirhams and Zero Fils Only**

By Cash **210.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No.

Date: 05-10-2019

Being **CONSULTATION + VAT**

Made by **Hiba**

- 1.Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
- 2.Treatment includes lab cost is non-refundable.
- 3.After 48 hours No refundable accepted

Confirmed by : 1002355 - IETHAR ALI - 971559717790

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

Patient Details

Patient Name Iethar Ali Eitayeb Ahmed

DOB 01-08-1996

Patient Id 784199675708400

Gender Female

Prescription Details

Facility Bella Rose Medical Center llc(DHA/LS/2992011/47774)
Prescription Issue Date 05-Oct-2019 19:31:12
Prescription Expiry Date 08-Oct-2019 19:31:12
Clinician Name Nadeem Ghreir(DHA-P-0068963)
Prescription No 5481206
Status Active

Diagnosis Details

- Primary**
- Acne vulgaris L70.0

Prescribed Medication

- E08-3921-03188-01 Isotretinoin (Oratane® 20mg) 20mg Capsule 60's (15's Blister x 4)
Qty:60 Capsule, **Duration:**30 days, **Strength:**20 mg, **Refill:**0
Clinician Comment:after meal
Dosage Advice: Take 1 Capsule Twice a day

Patient Details

Patient Name Iethar Ali Eltayeb Ahmed

DOB 01-08-1996

Patient Id 784199675708400

Gender Female

Prescription Details

Facility ORCHID MEDICAL CENTRE(7243)
Prescription Issue Date 02-Nov-2019 16:34:34
Prescription Expiry Date 05-Nov-2019 16:34:34
Clinician Name Wesam Marwan Altabbaa(MOHD54409)
Prescription No 6514944
Status Active

Diagnosis Details

- Primary**
- Acne vulgaris L70.0

Prescribed Medication

- E08-3921-03188-02 Isotretinoin (Oratane® 20mg) 20mg Capsule 30's (15's Blister x 2)
Qty:60 Capsule, **Duration:**30 days, **Strength:**20 mg, **Refill:**0
Clinician Comment:AFTER MEAL
Dosage Advice: Take 1 Capsule Twice a day



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 210.00

RECEIPT VOUCHER (No.REC-005787)

Date:02-11-2019

Receive from Mr./Mrs./M/s. 1002355 - IETHAR ALI - 971559717790

The sum of Dhs. Two Hundred Ten Dirhams and Zero Fils Only

By Cash 0.00 / By Credit Card 210.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 02-11-2019

Being consultation= vat

Made by Reem

- 1.Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
- 2.Treatment includes lab cost is non-refundable.
- 3.After 48 hours No refundable accepted

Confirmed by : 1002355 - IETHAR ALI - 971559717790

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