



مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

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

File No: .....

Date: 30 / 11 / 19

Date: 30 / 11 / 19

File Number: 10030000

Patient Name: Aws Moath Muehem

اسم المريض: .....

Date Of Birth: 12 / 5 / 2003 Gender: (M) / F

Marital Status: (الجماعية): .....

Nationality (الجنسية): Jaidawan

Occupation (الوظيفة): Student

Address (العنوان): Sahj / Majaz 3

Phone No. (رقم الهاتف): 050 737 5705

E-MAIL: Suzanbaktar@yahoo.com

How did you know about us: .....

التاريخ الطبي Medical History		
الحالة الطبية Medical Condition	Yes/No نعم / لا	If 'YES' give details إذا كانت الإجابة نعم اذكر بالتفصيل
Recent or current drugs/Medical Treatment هل تتعاطى أي أدوية أو تتلقى أي علاجات حديثة؟	No	
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 مبيعات للدم؟	No	
Anemia, Leukemia (سرطان الدم)، لوكيميا (فقر 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، 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 السكري أو أمراض الغدة الدرقية؟	No	
Other conditions هل تعاني من أي أمراض أخرى؟ HIV...etc فيروس الإيدز، فيروس الحلاّ البسيط etc	No	



### 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.

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

*Surafat*

Date: ... / ... / .....

### نموذج اقرار طبي

- أوافق و أسمح للطبيب بعلاج حالتي المرضية التي تم شرحها لي من قبل الطبيب المختص و المعول،
- أتفهم أن بعض الإجراءات الطبية والتشخيصية الإضافية قد تكون ضرورية من أجل تزويدي بالعلاج الأمثل و الخدمة الأفضل.
- أتفهم أنه من الممكن أن يكتشف الطبيب خلال العلاج أموراً مختلفة عن ما ذكر 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 أي ضمانات أو تأمين لنتائج العلاج و الإجراءات الطبية أو التجميلية المقدمة لي، كما أتفهم الأخطار و المضاعفات الناتجة عن عدم استكمال علاج حالتي المرضية.
- أتفهم تماماً كافة الأخطار و المضاعفات التي قد تكون مصاحبة للفحوصات و الإجراءات العلاجية و الجراحية.
- و ادرك أن بعض الإجراءات التشخيصية و العلاجية و الجراحية قد تؤدي الى مضاعفات كالالتهاب أو التورم أو اليرقان 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 قدمته لي تخفي للملف الصحية و أتفهم ان اي معلومات تتعلق بحالتي الصحية ستبقى سرية تماماً ولا يمكن الاطلاع عليها دون موافقتي
- أقر أن لدي المعلومات الكاملة لتقديم هذا الاقرار و ان هذا النموذج قد تم شرحه لي بالكامل و اني قد قرأت و فهمت جميع تفاصيله بالكامل و اني وقعت عليه بكامل ارادتي

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

التاريخ: .... / ... / .....

استمارة تقييم المريض Patient Assessment Form

المؤشرات الحيوية Vital Signs

Weight (الوزن):	Kg	Height (الطول):	cm	Blood Type (نوعية 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 ، ادخال المستشفى

Smoking (التدخين) : Y / N

Alcohol (الكحول) : Y / N

Drugs (تعاطي 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

.....



REDAD DATA

cAEAlOEBA83ODQyMI

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	Aws, Moath, Yousef, Milhem	IDN:	784200352054256	Mother Name:	
Name (Ar)	اوس, معاذ يوسف, ملهم	Card Number:	089353248	Mother Name (Ar):	
Title:		Nationality:	JOR	Family ID:	
Title(Ar):		Nationality (Ar):	الأردن		
Issue Date:	03/06/2018	Sex:	M	Sponsor Type:	03
Expiry Date:	26/05/2020	Date of Birth:	12/05/2003	Sponsor Name:	معاذ يوسف جابر ملهم
Marital Status:	01	Husband IDN:		Sponsor Number:	06100237
Residency Type:	03	Residency Number:	20120143095732	Residency Expiry:	26/05/2020
ID Type:	IL	Occupation:	11	Occupation Field:	00



Photo

Signature Image

**بلا توقيع / امضاء**<http://orchidsvr/EMID/default.aspx>

11/30/2019



Date: \_\_\_\_\_ Clinic Orbid  
Name: AWS Milhem Refer. Dr. \_\_\_\_\_  
Age / Gender: \_\_\_\_\_ Payment by: \_\_\_\_\_  
Referred by: \_\_\_\_\_ File No. \_\_\_\_\_

CLINICAL HISTORY / DIAGNOSTIC / OTHER TESTS

BIOCHEMISTRY	HEMATOLOGY	MICRO \ BODY FLUID
<input type="checkbox"/> Albumin	<input checked="" type="checkbox"/> CBC \ Blood film	<input type="checkbox"/> Stool Calprotection
<input type="checkbox"/> Alkaline Phosphatase (ALP)	<input type="checkbox"/> Hemoglobin	<input type="checkbox"/> Urine analysis
<input type="checkbox"/> Ammonia	<input type="checkbox"/> Blood grouping	<input type="checkbox"/> Urine culture and sensitivity
<input type="checkbox"/> Amylase	<input type="checkbox"/> Coombs Direct / Indirect	<input type="checkbox"/> HVS culture and sensitivity
<input type="checkbox"/> Anti Streptolysin O Test (ASOT)	<input type="checkbox"/> D-Dimer	<input type="checkbox"/> Direct swab / Gram stain
<input type="checkbox"/> Bicarbonate (CO2)	<input type="checkbox"/> ESR	<input type="checkbox"/> KOH Preparation / Fungal Smear
<input type="checkbox"/> Bilirubin Total / Direct / Indirect	<input type="checkbox"/> Fibrinogen	<input type="checkbox"/> Stool Occult Blood
<input type="checkbox"/> Reactive Protein (CRP)	<input type="checkbox"/> G6PD Quantitative	<input type="checkbox"/> Reducing Substance in stool
<input checked="" type="checkbox"/> Cholesterol	<input type="checkbox"/> Hb Electrophoresis	<input type="checkbox"/> Rota Adeno Virus
<input type="checkbox"/> Creatin Kinase (CK-MB)	<input type="checkbox"/> Lupus Anticoagulant	<input type="checkbox"/> semen analysis
<input type="checkbox"/> Creatin Phosphokinase (CK)(CPK)	<input type="checkbox"/> Malaria Smear	<input type="checkbox"/> semen culture
<input type="checkbox"/> Creatinine ( serum/ urine)	<input type="checkbox"/> Protein C	<input type="checkbox"/> semen wash (IUI)
<input type="checkbox"/> Creatinine clearance 24 Hr. Urine	<input type="checkbox"/> Protein S Total / Free	<input type="checkbox"/> Stool analysis
<input type="checkbox"/> Gamma Glutamyl Transferase (GGT)	<input type="checkbox"/> PT/INR	<input type="checkbox"/> Stool Culture
<input checked="" type="checkbox"/> Glucose (FBS) <u>FASTING</u>	<input type="checkbox"/> PTT	<input type="checkbox"/> TB culture \ ZN Stain
<input type="checkbox"/> Glycosylated Haemoglobin A1C (HbA1c)	<input type="checkbox"/> Reticulocyte count	<b>SPECIAL TESTS / OTHERS</b>
<input checked="" type="checkbox"/> GOT (Aspartate Aminotransferase AST)	<input type="checkbox"/> Sickle cell	<input type="checkbox"/> pap smear , conventional
<input checked="" type="checkbox"/> GPT (Alanine Aminotransferase ALT)	<input type="checkbox"/> Bleeding / Cloting Time	<input type="checkbox"/> pap smear, LBC - HPV
<input type="checkbox"/> High Density Lipoprotein (HDL)	<input type="checkbox"/> Factor V, VIII (etc)	<input type="checkbox"/> Histopathology
<input type="checkbox"/> High Sensitive C Reactive Protein (CRP HS)	<b>HORMONESTUMOR MAKERS</b>	<input type="checkbox"/> chromosomal study
<input type="checkbox"/> Iron	<input type="checkbox"/> TSH	<input type="checkbox"/> Hepatitis Bs Ag PCR
<input type="checkbox"/> Lactate Dehydrogenase (LDH)	<input type="checkbox"/> Free T4 / Total T4	<input type="checkbox"/> Hepatitis CV PCR
<input type="checkbox"/> Lipase	<input type="checkbox"/> Free T3 / Total T3	<input type="checkbox"/> Protein Electro Phoresis
<input type="checkbox"/> Low Density Lipoprotein (LDL)	<input type="checkbox"/> Beta HCG / pregnancy test	<b>PROFILES</b>
<input type="checkbox"/> Magnesium	<input type="checkbox"/> FSH	<input type="checkbox"/> Lipid profile
<input type="checkbox"/> Micralbumin (Urine)	<input type="checkbox"/> LH	<input type="checkbox"/> Thyriod function test
<input type="checkbox"/> Phosphorus	<input type="checkbox"/> Estradiol (E2)	<input type="checkbox"/> Renal function test (Full - Mini)
<input type="checkbox"/> Rheumatoid Factor (RF)	<input type="checkbox"/> Progesterone	<input type="checkbox"/> Liver function test ( Full-Mini)
<input type="checkbox"/> Total Iron Binding Capacity (TIBC)	<input type="checkbox"/> Insulin Fasting	<input type="checkbox"/> Antenatal Profiles
<input type="checkbox"/> Total Protein ( Serum/ Urine)	<input type="checkbox"/> PTH	<input type="checkbox"/> Al Sath General Health Profiles
<input checked="" type="checkbox"/> Triglycerides	<input type="checkbox"/> Growth Hormone (GH)	<input type="checkbox"/> Food allergy
<input type="checkbox"/> Urea	<input type="checkbox"/> Prolactin	<input type="checkbox"/> Risparatory Allergy
<input type="checkbox"/> Uric Acid	<input type="checkbox"/> DHEA-s	<input type="checkbox"/> Food Intolerance 90
<input type="checkbox"/> Zinc	<input type="checkbox"/> SHBG	<input type="checkbox"/> Food Intolerance 270
<input type="checkbox"/> Transferrin	<input type="checkbox"/> Testosterone Total / Free / FAI	<input type="checkbox"/> Drug of Abuse (10 type)
<input type="checkbox"/> Calcium		<input type="checkbox"/> Anemia Profile
<input type="checkbox"/> Chloride CL		Torch <input type="checkbox"/> IgG <input type="checkbox"/> IgM
<input type="checkbox"/> Potassium K		
<input type="checkbox"/> Sodium NA		<input type="checkbox"/> protein electrophoresis

For tests not listed please call 06-5509991 or refer to the test list



Date: \_\_\_\_\_ Clinic: Oxhid  
Name: AWS Milhem Refer. Dr. \_\_\_\_\_  
Age / Gender: \_\_\_\_\_ Payment by: \_\_\_\_\_  
Referred by: \_\_\_\_\_ File No. \_\_\_\_\_

CLINICAL HISTORY / DIGNOSTIC / OTHER TESTS

BIOCHEMISTRY	HEMATOLOGY	MICRO \ BODY FLUID
<input type="checkbox"/> Albumin	<input checked="" type="checkbox"/> CBC \ Blood film	<input type="checkbox"/> Stool Calprotection
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<input checked="" type="checkbox"/> Glucose (FBS) <u>fasting</u>	<input type="checkbox"/> PTT	<input type="checkbox"/> TB culture \ ZN Stain
<input type="checkbox"/> Glycoselated Haemoglobin A1C (HbA1c)	<input type="checkbox"/> Reticulocyte count	<b>SPECIAL TESTS / OTHERS</b>
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<input type="checkbox"/> High Sensitive C Reactive Protien (CRP HS)	<b>HORMONES/TUMOR MAKERS</b>	<input type="checkbox"/> chromosomal study
<input type="checkbox"/> Iron	<input type="checkbox"/> TSH	<input type="checkbox"/> Hepatitis Bs Ag PCR
<input type="checkbox"/> Lactate Dehydrogenase (LDH)	<input type="checkbox"/> Free T4 / Total T4	<input type="checkbox"/> Hepatitis CV PCR
<input type="checkbox"/> Lipase	<input type="checkbox"/> Free T3 / Total T3	<input type="checkbox"/> Protein Electro Phoresis
<input type="checkbox"/> Low Density Lipoprotein (LDL)	<input type="checkbox"/> Beta HCG / pregnancy test	<b>PROFILES</b>
<input type="checkbox"/> Magnesium	<input type="checkbox"/> FSH	<input type="checkbox"/> Lipid profile
<input type="checkbox"/> Micralbumin (Urine)	<input type="checkbox"/> LH	<input type="checkbox"/> Thyriod function test
<input type="checkbox"/> Phosphorus	<input type="checkbox"/> Estradiol (E2)	<input type="checkbox"/> Renal function test (Full - Mini)
<input type="checkbox"/> Rheumatoid Factor (RF)	<input type="checkbox"/> Progesterone	<input type="checkbox"/> Liver function test ( Full-Mini)
<input type="checkbox"/> Total Iron Binding Capacity (TIBC)	<input type="checkbox"/> Insulin Fasting	<input type="checkbox"/> Antenatal Profiles
<input type="checkbox"/> Total Protien ( Serum/ Urine)	<input type="checkbox"/> PTH	<input type="checkbox"/> AI Sarh General Health Profiles
<input checked="" type="checkbox"/> Triglycerides	<input type="checkbox"/> Growth Hormone (GH)	<input type="checkbox"/> Food allergy
<input type="checkbox"/> Urea	<input type="checkbox"/> Prolactin	<input type="checkbox"/> Risparatory Allergy
<input type="checkbox"/> Uric Acid	<input type="checkbox"/> DHEA-s	<input type="checkbox"/> Food Intolerance 90
<input type="checkbox"/> Zinc	<input type="checkbox"/> SHBG	<input type="checkbox"/> Food Intolerance 270
<input type="checkbox"/> Transferrin	<input type="checkbox"/> Testosterone Total / Free / FAI	<input type="checkbox"/> Drug of Abuse (10 type)
<input type="checkbox"/> Calcium		<input type="checkbox"/> Anemia Profile
<input type="checkbox"/> Chloride CL		Torch <input type="checkbox"/> IgG <input type="checkbox"/> IgM
<input type="checkbox"/> Potassium K		
<input type="checkbox"/> Sodium NA		<input type="checkbox"/> protein electrophoresis

For tests not listed please call 06-5509991 or refer to the test list





مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 210.00

RECEIPT VOUCHER (No. REC-006259)

Date: 30-11-2019

Receive from Mr./Mrs./M/s. 1003444 - AWS 00. - 971507375705

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: 30-11-2019

Being **CONS + 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 : 1003444 - AWS 00. - 971507375705

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



مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 355.00

RECEIPT VOUCHER (No. REC-006282)

Date: 03-12-2019

Receive from Mr./Mrs./M/s. 1003444 - AWS 00. - 971507375705

The sum of Dhs. Three Hundred Fifty-Five Dirhams and Zero Fils Only

By Cash 355.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 03-12-2019

Being CHOLESTEROL 45 + GLUCOSE 50 + AS AND ALT 100 + TRIGLYCERDES 60 + CBC 100

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 : 1003444 - AWS 00. - 971507375705

---

Tel : + 9716 555 8337, Fax : + 9716 528 8130, e - mail : [info@omc1.ae](mailto:info@omc1.ae)  
[www.omc1.ae](http://www.omc1.ae)

Name : Muhem Moath  
 Sex : Male  
 Date Of Birth : 16 Y  
 Referred By : Orchid Medical Center  
 Receiving Date : DEC-03-19 03:30 PM  
 Insurance Company :  
 Indication :

Clinic File No. :  
 Lab File No. : 1912-11432  
 Lab. Case No. : 60004  
 Clinic Name : Orchid Medical Center  
 Reporting Date : DEC-16-19 10:04 AM  
 Insurance No. :

**CLINICAL CHEMISTRY**

Test	Result	Unit	Reference Range	Methodology
Glucose, Random	80.5	mg/dL	60.0 - 140.0 < 140	Hexokinase/G-6-PDH
<i>Sample Type</i>				
Alanine Aminotransferase (ALT)	21	U/L	< 45	IFCC Method/Immunoinhibition
Aspartate Aminotransferase (AST)	14	U/L	< 35	IFCC Method/Immunoinhibition
Triglycerides	38.9	mg/dL	Desirable:<150 Borderline:150-160 High level:>160	Enzymatic
Cholesterol	129.0	mg/dL	82 - 192	Enzymatic
<i>Sample Type Serum</i>				

*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*

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

Printed by : Er-Fe Heart Ballinait  
 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 : DEC-16-19 01:08 PM

Name : Muhem Moath  
Sex : Male  
Date Of Birth : 16 Y  
Referred By : Orchid Medical Center  
Receiving Date : DEC-03-19 03:30 PM  
Insurance Company :  
Indication :

Clinic File No. :  
Lab File No. : 1912-11432  
Lab. Case No. : 60004  
Clinic Name : Orchid Medical Center  
Reporting Date : DEC-16-19 10:04 AM  
Insurance No. :

**HEMATOLOGY & COAGULATION**

**Complete Blood Count**

Test	Result	Unit	Reference Range	Methodology
Haemoglobin	15.9	g/dL	12.0 - 17.0	
Haematocrit (Hct)	46.3	%	40.0 - 52.0	
Erythrocyte Count (RBC)	5.3	10 <sup>6</sup> /mm <sup>3</sup>	4.2 - 5.5	Automated cell counter
MCV	87	µm <sup>3</sup>	76 - 94	
MCH	30	pg	27 - 31	
MCHC	34	g/dL	32 - 36	Automated cell counter
RDW	13.8	%	< 14	
Platelet Count	277	10 <sup>3</sup> /mm <sup>3</sup>	150 - 400	Automated cell counter
Leucocyte Count (WBC)	4.8	10 <sup>3</sup> /mm <sup>3</sup>	3.5 - 10.0	Automated cell counter
<b>Differential Count</b>				
Neutrophils	48	%	40 - 75	
Lymphocytes	41	%	20 - 45	
Monocytes	6	%	2 - 10	
Eosinophils	5	%	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



*Mona*

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

Final Report  
Page 1 of 1

Printed by : Er-Fe Heart Balanit  
Eilat 2023 Union National Bank Bldg Al Bahaira Cornick St AlMajaz D O Box: 65238 Sharjah U.A.E  
Printed on : DEC-16-19 01:09 PM



مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 525.00

RECEIPT VOUCHER (No.REC-006573)

Date:18-12-2019

Receive from Mr./Mrs./M/s. 1003444 - AWS 00. - 971507375705

The sum of Dhs. Five Hundred Twenty-Five Dirhams and Zero Fils Only

By Cash 525.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 18-12-2019

Being 1 session yellow peel + 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 : 1003444 - AWS 00. - 971507375705

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