File No.: 038773 Nationality: SUD

GYNAECOLOGICAL SHEET

DR. LEILA HAMID MEDICAL CENTE
File No: 038773
NAME: ENASS AHMED ALAMEEN
ID NO: 29373603050 SEX: FEMALE
MOB: 66263800 ADRESS : ALMAMOURA

Age: 31 yrs
Marital Status: 2½ yrs
band's Name: Mugahid Ahmed
bile Phone: Residence Phone:

SYMPTOMS: For Implanon Removal

Medical History: / P.H. C-S/S F.H. DM + HTN
Instrumental Trauma

MENSTRUAL HISTORY:

Menarche: 13 yrs L.N.M.P 10-4-22
Menstrual Habits: Regullar, Monthly For 5-7 day
Menstrual Symptoms: Menopause:
Parity: P 1 Abortion 0 Ectopic LCB 1-9-22

♀ ♂ 1

EXAMINATION

General Examination: Ht. 168 cm Wt. 87.7 Kg BMI Kg/m² Bp 120/80 mm Hg
Looks well & looked
Chest, C.V.S. /
Abdomen: NAD
Breasts:

PELVIC EXAMINATION:

Speculum Exam. /
Bimanual Exam.
Rectal Exam.

Investigation Requested:

Diagnosis: For Implanon Removal

Plan of Management:

Next Appointment: OPD

DR. LEILA H. MEDICAL CENTER W.L.L.

Tel. 44817651/ 44817652 - Fax: 44812796
Al Salam Street - North Muaither
Villa No.: 80 & 82

مركز د. ليلى حامد الطبي ذ.م.م.

تليفون: ٤٤٨١٧٦٥١/ ٤٤٨١٧٦٥٢ - فاكس: ٤٤٨١٢٧٩٦
شارع السلام - معيذر الشمالي
فيلا رقم : ٨٠ و ٨٢

Prescription وصفة طبية

№

01 MAY 2024

Date: .... :التاريخ

Patient's name: Enass Ahmed :إسم المريض

File No.: 038773 :رقم الملف

Age: 3/95 :العمر hanys/o

comen:

Rx

elevit tab 1x1x¹/₁₂

Doctor's signature:

Email: dr.leilamedcenter@gmail.com
Mobile: 55868523