



File No.: 039124

Nationality: YEM

GYNAECOLOGICAL SHEET

DR LEILA HAMID MEDICAL CENTER
File No: 039124
Name: ENTISAR NAJI AHMED
QID No: 30088600859 Sex: Female
Mob: 50588008 ADDRESS : ALGHARAFA



Age: 24 yrs

Marital Status: 5 yrs

band's Name: Mohammed Othman Ahmed

Mobile Phone:

Residence Phone:

SYMPTOMS:

- came for loop insertion
- she was told about all it's cons. & pros.
- lactating regularly

Medical History: medically free P.H. none F.H. FCDM)

MENSTRUAL HISTORY:

Menarche: 13 yrs L.N.M.P
Menstrual Habits: regular - last for 7 days every month.
Menstrual Symptoms: None Menopause:
Parity: P 3 Abortion 0 Ectopic LCB 27-5-2015
♀ 1 ♂ 2 AU NVD 91W

EXAMINATION

General Examination: Ht. 162 cm Wt. 53.4 Kg BMI 10/70 mm Hg
cooperative, not pale

Chest, C.V.S. NAD

Abdomen: Soft

Breasts: not examined.

PELVIC EXAMINATION: wide introitus & vagina. ant- cx Psever
Speculum Exam. erosion - A/V normal size uterus, ET 7-9mm
Bimanual Exam. hysteroscopy 7mm. Cup-T loop inserted smoothly
Rectal Exam. fingered 2 cm.

Investigation Requested:

Insertion passed under U/S guidance.

Diagnosis:

Δ for loop insertion.

Plan of Management:

Assumed. advised to do Pap smear
w given.

Next Appointment:

DATE	FOLLOW UP	NEXT VISIT
31.8.24 Tele	PapSmear: Negative. Moderate to Severe cervicitis pt informed.	
1-10-24 110/80 51 kg.	- para 3 + 2_{ero}. - LMP 18.9.24 - came for follow up of Cx erosion. - speculum = wide introitus of vagina. minimal bleeding & yellowish vaginal discharge - Cx erosion improved significantly <u>in</u> 50% but still - - to continue on same plan. - she was given to to stop bleeding.	
	د. سلمى بابكر أحمد Dr. Selma Babiker Ahmed تخصص: طب النساء والتوليد Obstetrics & gynecology ترخيص رقم P11399 License No. P11399	

Name : Entesar Naji Ahmed Qasem
Lab. No. : 332448078
Contract. : Dr. Layla Bashir
Patient No. : 2160-039124
File No. :

Sample Date : 29/08/2024 20:47 PM
Report Date : 31/08/2024 14:01 PM

this sample was collected outside lab

Branch : Qatar Waab Age : 24 Year Sex : Female Int. No. : 4G24.3653
Cytology Unit

Liquid Based Pap (Sure Path®)

SPECIMEN TYPE

Pap smear cytology (sure path)

CLINICAL DATA

- Cervical erosion.
- Contact bleeding.

ADEQUACY

Adequate, endocervical cells

INTERPRETATION

Smear shows superficial and intermediate squamous cells.
Heavy mixed inflammatory cells infiltration.
Degenerative and regenerative changes seen.
There are no features of intraepithelial lesion or viral change.

RESULT

Negative for intraepithelial lesion or malignancy (NILM).
Inflammatory / **Moderate** to severe cervicitis / Clinical correlation.

RECOMMENDATION

Routine PAP screening.

COMMENT

- HPV-DNA testing is advised and can be performed on the provided Liquid PAP sample upon request. (Within 30 Days)
- This report follows the updated Bethesda System for Reporting Cervical Cytology, third edition, 2014.

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EDUCATIONAL NOTES

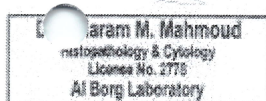
- Pap test is a screening test for cervical cancer with inherent false negative result.
- Combined HPV DNA testing with cytological examination (Pap smear) is proved to be more sensitive and improves the specificity in detecting cervical abnormalities and minimizes the need of invasive diagnostic procedures when compared to Pap test alone.
- The Interim guidance was developed by American Society for Colposcopy and Cervical Pathology (ASCCP) and the Society for gynecological oncology (SGO) with input from representatives of five other organizations including the American Cancer Society (ACS), American College of Obstetricians and Gynecologists (ACOG), American Society for Clinical Pathology (ASCP), American Society of Cytopathology (ASC) and the college of American Pathologists (CAP).

References:

- 2012 Updated Consensus Guidelines for the Management of Abnormal Cervical Cancer Screening Tests and Cancer Precursors; American Society for Colposcopy and Cervical Pathology (ASCCP) Consensus Guidelines Conference.
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- 2016 Practice Bulletin No. 168; American College of Obstetricians and Gynecologists (ACOG).

Verified By :

Dr. Delaram Mohammad
Mahmoud Arwlan
FRCPath ,License No. 2778





PAP Smear REQUEST

Patient Name: ENTESAR NASSI Patient QID: 30088600859 Patient File No: 059124
 Nationality: Yemen Age: 24 Gender ☐ M ☒ F Date of Request: 29/8/24
 Tel/Mobile No.: _____ E-mail: _____
 Patient Clinical Data: ex erosion Married? ☐ YES ☐ NO Children No: _____

Sample obtained by:

☐ Ayres Spatula☒ Brush☐ Liquid-based Cytology

Smear Site:

☒ Cervix☐ Endocervix☐ Endometrial Aspiration☐ Labia☐ Vaginal Vault☐ Vaginal Wall☐ Vulva

Menstrual State:

☐ Post Menopausal☐ Post Partum☐ Pregnant

HPV Vaccination?

☐ YES ☒ NOLMP: 16 Day 8 Month 2024 Year

Current Hormone Use:

On Hormone?

☐ YES ☒ NO

For Contraception

☐ YES ☒ NO

For Therapy

☐ YES ☒ NO

Estrogen & Progesterone

☐ YES ☒ NO☐ Estrogen Only☐ Progesterone Only

Other Medication (Specify): _____

Other relevant information:

Abnormal Bleeding *on touch*☒ YES ☐ NO

Suspicious Lesion

☒ YES ☐ NO

Using IUD

☒ YES ☐ NO

Previous Uterine Procedures:

☐ Bite Biopsy☐ Cryotherapy☐ Endometrial Biopsy☐ Leep☐ Colposcopy☐ Electrocautery☐ Cone Biopsy☐ Laser

Hysterectomy:

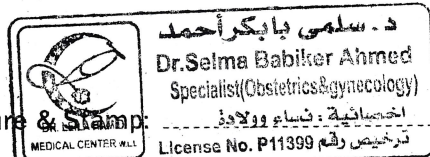
☐ Subtotal (uterus removed, cervix remain)☐ Total (uterus & cervix excised)

Date conducted: _____ Day _____ Month _____ Year

Prior Malignancy

☐ YES ☐ NO

Requesting Physician Signature & Stamp:

Date of Procedure: 29/8/24

Procedure Done By (Name & Signature): _____

Madinat Khalifa South

Tel.: +974 4486 8675

Fax.: +974 4487 6227



Our Location

مدينة خليفة الجنوبية

هاتف: +974 4486 8675

الفاكس: +974 4487 6227

Al Waab St. - Al Aziziya

Tel.: +974 4450 0074

Fax: +974 4460 3040



Our Location

شارع الوعب - العزيزية

هاتف: +974 4450 0074

الفاكس: +974 4460 3040

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



Dr. LEILA H. MEDICAL CENTER W.L.L.

مركز د. ليلي حامد الطبي ذ.م.م

MEDICAL REFERRAL LETTER

OB / GYNE AND GENERAL PATIENT'S

To Doctor : WWRc "Gyn."

From : **Dr. Leila Hamid Medical Center**

Patient's Name Entisar naji Ahmed.

Age : 24 yrs Nationality : Yem.

Is P : 3 Abortion : Zero Ectopic : Zero

Case Summary : Came for loop insertion & discovered
⊗ Severe Cx erosion & bleeding on touch. she has
intermenstrual spotting from time to time.

☐ Low Risk

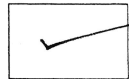
☒ High Risk

☐ Others

☐ INF

referred for your kind care for ⊗ Pap smear
& further assess. & management

Referred to :

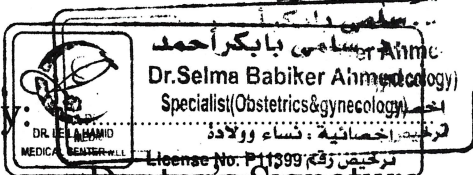


For Booking to OPD



E R

Referred by :



Doctor's Signature

Date : 12 AUG 2022

please

Stamp :





Date 30 / 6 / 2021

New Patient Registration Form

Full Name انتصار ناجي الإسم الكامل

Date of Birth 2000 تاريخ الميلاد

Marital Status ☐ Single / أعزب ☒ Married / متزوج ☐ Divorced / مطلق ☐ Widowed / أرمل

Gender: ☐ Male / ذكر ☒ Female / أنثى Nationality ليبية الجنسية

Occupation ربة منزل المهنة

I.D Number 30088600859 رقم البطاقة الشخصية

Telephone No. (Home) رقم الهاتف المنزلي

Mobile Number 000-03403 رقم الجوال

Emergency Contact Person زوجة أقرب الأقارب

Emergency Contact Number 33 910197 رقم هاتف

Address: Building No. ☐ Zone No. ☐ Street No. ☐ العنوان:

رقم البناية ☐ رقم المنطقة ☐ رقم الشارع ☐ العنوان:

How did you hear about our Center من أين سمعت عن مركزنا؟

☐ Advertisements / إعلانات ☐ Referral by doctor ☒ Friends & Relatives / أصدقاء وأقارب

☐ Others / أخرى

How do you want us to address you ? كيف تفضل أن نناديك ؟

☒ By Name / بالإسم ☐ By No / بالرقم ☐ Others (please specify) / حدد الطريقة التي تفضلها

I receive my Rights & Responsibilities ☐ إستلمت قائمة حقوق و مسؤوليات المريض

Signature التوقيع

File Number 039121



نموذج الموافقة المستنيرة

موافقة على العلاج الطبي

أوافق و أوجة الطبيب / الطبية المعالج لي لمقابلتي وأجراء الكشف علي والقيام بتشخيصي ومعالجتي بالأدوية أو العقاقير أو عمليات إن إحتاج الأمر ، وأنا أدرك أن من مسؤوليتي الحضور في الوقت المحدد لمواعيدي واتباع أوامر الطبيب المعالج لي كما أدرك بأنني لدي الحق في طلب رأي ثاني لو لم أكن راضيا / راضية عن الرعاية المقدمة لي.

وأوافق على أي اجراء فحص طبي إن طلب مني من أجل تقديم رعاية طبية صحيحة.

وقد قرأت ووافقت على نموذج الموافقة المستنيرة حسب تعليمات وزارة الصحة العامة.

اسم المريض / المريضة: التنصار ناجي احمد

التاريخ: ٢٠٢٤ / ١٦ / ٥

ملف رقم: 039124

التوقيع: [Signature]



State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 30088600859 الرقم الشخصي:
D.O.B.: 01/01/2000 تاريخ الميلاد:
Expiry: 12/06/2027 الصلاحية:
الجنسية:
Nationality: YEMEN
Occupation: ربة منزل المهنة:



الاسم: انتصار ناجي احمد قاسم

Name: ENTESAR NAJI AHMED QASEM

Passport Number: 08962111 رقم جواز السفر:
Passport Expiry: 24/10/2025 تاريخ انتهاء الجواز:
Serial No: 30230088600859 الرقم المسلسل:
Residency Type: عقالية نوع الرخصة:
Employer: محمد عثمان شاييف البهري المستقدم:
مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports توقيع حامل البطاقة
Holder's signature



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Verified By :

Dr. Delaram Mohammad
Mahmoud Arwlan

FRCPath ,License No. 2778

Dr. Delaram M. Mahmoud
Histopathology & Cytology
License No. 2778
Al Borg Laboratory

Accurate .. Fast .. reliable Results

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

وصفة طبية Prescription

Nº

Date: 01 OCT 2024 التاريخ:

Patient's name: Entisar Naji إسم المريض:

File No.: 039129 رقم الملف:

Age: 24 ym : A Cervicitis العمر:

Rx

- Primolut N. tabs 5mg
٥ حبة ٥ مرات في اليوم

- Deflagyn vag. gel (28)
٢٨ حبة في اليوم

- Betadine vag. supp (14)
١٤ حبة في اليوم

Doctor's signature:

Email: dr.leilamedcenter@gmail.com

Mobile: 55868523

DR. LEILA H. MEDICAL CENTER W.L.L
Tel. 44817651/ 44817652 - Fax: 44812796
Al Salam Street - North Muaitheh
Villa No.: 80 & 82



مركز د. ليلى حامد الطبي د.م.م.
تليفون: ٤٤٨١٧٦٥١ / ٤٤٨١٧٦٥٢ - فاكس: ٤٤٨١٢٧٩٦
شارع السلام - معيذر الشمالي
فيلا رقم: ٨٠ و ٨٢

Prescription

وصفة طبية

No

Date:

06 AUG 2024

Patient's name:

Entisar Naji

File No.:

039129

Age:

24 yrs

التاريخ:

اسم المريض:

رقم الملف:

العمر:

Rx

Acute Cervicitis

DY Flagyn vag. gel (28)
عبوة ٢٨ لـ فلاجين vaginal gel

Doctor's signature:



د. سلمى بابكر أحمد
Dr. Selma Babiker Ahmed
Specialist (Obstetrics & Gynecology)
إخصائية: نساء وولادة
ترخيص رقم P11399

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

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

Tel. 44817651/ 44817652 - Fax: 44812796
Al Salam Street - North Muaither
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شارع السلام - معيذر الشمالي
فيلا رقم: ٨٠ و ٨٢

Prescription

وصفة طبية

No

30 JUN 2024

Date:

التاريخ:

Patient's name:

Entesar Naji

إسم المريض:

File No.:

039129

رقم الملف:

Age:

24 ym

العمر:

A Cervicitis

Rx

Setadine vag. supp. (14)

تحليل كل ليلة عند النوم
٣ ليالٍ مثالية ثم نصف
كل ١٠ أيام

Doctor's signature:

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