



File No.: 039475

Nationality: Q

GYNAECOLOGICAL SHEET

DR LEILA HAMID MEDICAL CENTER
File No: 039475
Name: FATIMA IBRAHIM ALHAOSANI
QID No: 28363402141 Sex: Female
Mob: 55772272 ADDRESS: M/KHALIFA

Age: 41yrs
Marital Status: 17yrs
s Name: Ali Abdulla Almanaci
none: Residence Phone:

SYMPTOMS:

do clv r-discharge + want to
known cause of pap smear
thalassaemia B major

Medical History:

Recuren L B-T

P.H.

(3) 4/1

F.H.

B-thalassaemia

MENSTRUAL HISTORY:

Menarche:

Menstrual Habits:

Menstrual Symptoms:

Parity: P

4

Abortion

0

Ectopic

Menopause:

LCB

6yrs

♀

1

♂

3

EXAMINATION

(1) Nvd

General Examination: Ht. 155 cm

Wt. 64.2 Kg

BMI

Kg/m²

Bp 100/70

mm Hg

Looks well features of B. Major mildly
Chest, C.V.S. NAD Jockdise

Abdomen: ugly scar of operation

Breasts: Nvd

PELVIC EXAMINATION:

Speculum Exam.

Bimanual Exam.

Rectal Exam.

CX - Nvd + no - bawd discharge
Papsmear taken anal Rough of
skin 22 wait

Investigation Requested:

Diagnosis:

Paps men

Plan of Management:

2wks

Next Appointment:

Name : Fatima Al-Housani
Lab. No. : 332448068
Contract. : Dr. Layla Bashir
Patient No. : 2160-039475
File No. :

Sample Date : 29/08/2024 19:56 PM
Report Date : 31/08/2024 14:00 PM

this sample was collected outside lab

Branch : Qatar Waab Age : 41 Year Sex : Female Int. No. : 4G24.3652
Cytology Unit

Liquid Based Pap (Sure Path®)

SPECIMEN TYPE

PAP smear cytology (sure path)

CLINICAL DATA

- Postcoital bleeding.
- Vaginal discharge.
- Genital warts.

ADEQUACY

Adequate, endocervical cells

INTERPRETATION

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

RESULT

Negative for intraepithelial lesion or malignancy (NILM).
Inflammatory / Moderate cervicitis with Features suggesting bacterial vaginosis / Clinical correlation.
Atrophic background.

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).

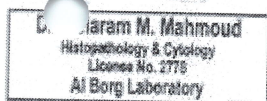
References:

- 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.
- Huh WK et al 2015. Use of primary high-risk human papillomavirus testing for cervical cancer screening: interim clinical guidance.
- 2016 Practice Bulletin No. 168; American College of Obstetricians and Gynecologists (ACOG).

Verified By :

Dr. Delaram Mohammad
Mahmoud Arwlan

FRCPATH, License No. 2778



Date 29 / Aug / 2024

New Patient Registration Form

Full Name Fatima Ibrahim AL-Housani الإسم الكامل

Date of Birth Sep 21, 1983 تاريخ الميلاد

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

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

Occupation Financial Analyst المهنة

I.D Number 28363402141 رقم البطاقة الشخصية

Telephone No. (Home) رقم الهاتف المنزلي

Mobile Number 55772272 رقم الجوال

Emergency Contact Person Ali Abdulla AL-Manna أقرب الأقارب

Emergency Contact Number 55862662 رقم هاتف

Address: Building No. 17 Zone No. 32 Street No. 877 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 [Signature] التوقيع

File Number 039475

نموذج الموافقة المستنيرة

موافقة على العلاج الطبي

أوافق و أوجه الطبيب / الطيبة 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: فاطمة إبراهيم الحوسني

التاريخ: 29 Aug, 2024

ملف رقم: 039475

التوقيع:



اسم



QLM Life & Medical Insurance Company Q.P.S.C.
Pre-Approval Confirmation Receipt

Pre-Approval Code	: 24090591868-R	Pre-Approval Status	: Registered
Applied Date	: 29/08/2024 17:11	Approval Date	: 29/08/2024 17:11
Insured Name	: FATIMA AL-HOUSANI		
Provider Name	: DR. LEILA HAMID MEDICAL CENTER		
Policy Holder	: Exxon Mobil Qatar Limited	Medical Record No	:
Policy No	: P2209000033-R2	Member Id	: MEM22047660
Type	: Out-Patient	Admission Date	: 29/08/2024
Admission Period	:	Admission Type	:
Illness	: Acute	LMP Date	:
Priority	: NORMAL	Currency	: QAR
Primary Diagnosis	: Vaginitis, vulvitis and vulvovaginitis in infectious and	Present Illness Dur.	: 2 WEEKS
Facility	: Obstetrics and Gynecology	Doctor	: DR. EBETSAM ABDULLAH
Benefit	: Basic	Sub Benefit	: Basic
Beneficiary Share	: Co-pay	Percentage	: 0%
Co-ins	:	Ded	: NA
Approved By	:	Age / Gender	: 40 Y Female
Other Diagnosis	: N72 - Inflammatory disease of cervix uteri		
Past Medical History	: PARA 4 + 0		
About Present Illness	: C/O POST COITAL BLEEDING WITH DYSPARANUREA FOR 2 WEEKS AND VAGINAL DISCHARGE WITH ITCHING FOR 5 DAYS		
Request. Line Of Mgmt.	:		
Approval Remarks	:		

Treat/Drug Code	Treatment/Drug Desc (Reject/Approval Remarks) (Tooth Number)	Quantity	Est.Amt	Appr.Amt	Additional Copay	Status
II1	Gynaecology Consultation()	1	110.00	110.00	NA	Registered

Total Estimated Amount : 110.00

Total Approved Amount : 110.00

Print Date : 29/08/2024 18:08

Note : This is a system generated receipt, signature is not required

Pre-Approval Validity is 21 Days from approval date or until Policy expiry Date whichever comes first.
Prices are approved subject to the agreed price list, contract terms, policy conditions and exclusions.

Claim has to be submitted within 60 days from the date of service.

N.B. Approved Investigations listed above subjected to abnormality of preliminary investigation results
Services rendered are subject to policy terms and conditions.

State of Qatar
ID. Card



دولة قطر
بطاقة إثبات شخصية

ID. No: 28363402141 الرقم:

D.O.B. 21/09/1983 تاريخ الميلاد:

Nationality: QATAR / قطريه الجنسية:

Date of expiry: 13/04/2031 الصلاحية:



الإسم: فاطمه ابراهيم سالم محمد الحوسني

Name: FATIMA IBRAHIM S M AL-HOUSANI

منطقة 32 - شارع 877 - مبنى 17

العنوان:

435851131272486

Serial No:

الرقم المسلسل:

مدير إدارة الجنسية و وثائق السفر
Authority's signature

توقيع حامل البطاقة
Holder's signature



Dr. LEILA H. MEDICAL CENTRE W.L.L



مركز د. ليلى حامد الطبي

الموضوع/ اتفاقية تسديد مستحقات التأمين

أقر أنا، فاطمة إبراهيم الخوسبي، الموقعة أدناه بتحمل مسؤولية دفع أي مستحقات لمركز د. ليلى حامد الطبي في حال تم رفض التأمين تغطية تكاليف الزيارة. وعليه فقد توضح لي التزام دفع المبلغ كامل وقدره ريال قطري كضمان في حال رفضت شركة التأمين التغطية. كما أقر المركز إعادة المبلغ المستحق في حال وافقت شركة التأمين على تغطية التكاليف.

اسم المريضة: فاطمة إبراهيم الخوسبي
رقم الملف: 039475
رقم الجوال: 55772272
التاريخ: 29-08-24
تفاصيل الدفع: مرفق صورة من الإيصال

التوقيع: [Signature]

Subject: Insurance Payment Agreement

I, _____, signed below confirm that I understand that I am obligated to pay the amount of _____ QAR as deposit to cover the cost of my visit should my insurance claim be rejected. If the claim is approved, Dr. Leila H. Medical Center will return the full amount approved by the insurance company.

Patient's name: _____

File number: _____

Mobile no.: _____

Date: _____

Payment details: Copy of receipt attached

Signature: _____

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- 2016 Practice Bulletin No. 168; American College of Obstetricians and Gynecologists (ACOG).

Accurate .. Fast .. reliable Results

Verified By :

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

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

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

Tel. 44817651/ 44817652 - Fax: 44812796

Al Salam Street - North Muaither

Villa No.: 80 & 82



مركز د. ليلي حامد الطبي د.م.م.

تليفون: ٤٤٨١٧٦٥١ / ٤٤٨١٧٦٥٢ - فاكس: ٤٤٨١٢٧٩٦

شارع السلام - معيذر الشمالي

فيلا رقم: ٨٠ و ٨٢

وصفة طبية Prescription

No

Date: 29 AUG 2024 التاريخ:

Patient's name: Fatima Ibrakium اسم المريض:

File No.: 039475 رقم الملف:

Age: 41yrs العمر: 41yrs

Rx

- Gr. wants every 3rd day for 6wks

- Lomescin vag. oules 1000mg
today & after 1wk

- Imukan gel OD x 2wks

Doctor's signature:

Email: dr.leilamedcenter@gmail.com

Mobile: 55868523