



File No.: 038945

Nationality: PAK

GYNAECOLOGICAL SHEET

DR. LEILA HAMID MEDICAL CENTER
File No: 038945
Name: LUBNA ABDULRAHMAN
QID No: VISIT VISA Sex: Female
Mob: 77762015 Address: ALSILYA



Age: 22 yrs

Marital Status: 6 yrs

and's Name: Abdulrahman Hafiz
ile Phone: 55243536 (SANA) Residence Phone:

SYMPTOMS:

- Came to her cousin to know the cause of previous pregnancy losses and if she can conceive now and what precautions she have to take in order to prevent things happened at first & 2nd preg.
Medical History: Known epileptic on her childhood 2-7 yrs - P.H. Non. F.H. Non-

MENSTRUAL HISTORY:

Menarche: 15 yrs L.N.M.P. 26-5-24 pm
Menstrual Habits: regular. Last for 7 days, every month.
Menstrual Symptoms: Non. Menopause:

Parity: P 2 Abortion 0 Ectopic: X LCB
2nd = pre term at 6 months, died after minutes, spine deformity. First = RU FD at 7 months. due to E. Flan (Pik ??).
Jan 2024 ♀ I ♂ I

EXAMINATION

General Examination: Ht. 153.5 cm Wt. 74.1 Kg BMI Kg/m² Bp 100/60 mm Hg
Obese, Pco feature + generalized scars of old skin eruption. not pale.
Chest, C.V.S. NAD.

Abdomen: obese P skin eruption scars.

Breasts: well developed. no galactorrhoea.

PELVIC EXAMINATION:

Speculum Exam.

Bimanual Exam.

Rectal Exam. not indicated.

not done - menstruating.

Investigation Requested:

- FSH & LH to exclude Pco.

Diagnosis:

Δ Gyn-checkup ± Pco.

Plan of Management:

↓ wt, Consult neurologist to confirm or exclude if she is epileptic or not, start foli Acid, delay preg. for at least 3 months. start Aspirin early preg., closed ANC

Next Appointment:



ENDOCRINOLOGY

Name : LUBNA ABDULRAHMAN
Sex/Age : F/ 22 y / 4 m / 28 d
Nationality : Pakistan
Sample Col. : At Lab
Ref. By Dr. : Dr Selma
Ref. By Clinic : DRLEILAMC

Lab No : 29689
DL No : 22033
Entrance Tm: 29-MAY-2024 22:26:05
Exit Date : 29-MAY-2024 23:16:52
Ext. Ref. Num.: 038945

TEST	RESULT	UNIT	REFERENCE VALUE
FSH	5.14	mIU/ml	Follicular phase : 3.4 - 12.4 Ovulation phase : 4.5 - 21.3 Luteal phase: 1.6 - 7.5 Postmenopausal stage: 25.5 - 134.5 High FSH levels in women may be present: -During or after menopause, including premature menopause -When receiving hormone therapy -Due to certain types of tumor in the pituitary gland -Due to Turner syndrome Low FSH levels in women may be present due to: -Being very underweight or having had recent rapid weight loss -Not producing eggs (not ovulating) -Parts of the brain (the pituitary gland or hypothalamus) not producing normal amounts of some or all of its hormones -Pregnancy
LH	5.76	IU/L	Follicular phase: 2.4 - 12.7 Ovulation phase: 14.2 - 95.7 Luteal phase: 1.0 - 11.5 Postmenopausal phase: 7.9 - 58.8 In women, a higher than normal level of LH is seen: -When women of childbearing age are not ovulating -When there is an imbalance of female sex hormones (such as with polycystic ovary syndrome) -During or after menopause -Turner syndrome (rare genetic condition in which a female does not have the usual pair of 2 X chromosomes) When the ovaries produce little or no hormones (ovarian hypofunction) A lower than normal level of LH may be due to the pituitary gland not making enough hormone (hypopituitarism).

Pathologist Name. Dr .Swaroop, Anatomical and Clinical Pathologist

Dr Swaroop



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فون: +٩٧٤٤٠٠٦٤٤٦٦ - جول: +٩٧٤٧٠٦٤٤٤٦٦ - ص ب: ٢١٤١٧٠، القادسفة، قطر



E.mail : info@deltalabsqatar.com

Website : www.deltalabsqatar.com





Date 29/5/2024

New Patient Registration Form

Full Name Lubna Bibi الإسم الكامل

Date of Birth 10-1-2002 تاریخ الميلاد

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

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

Occupation House Wife المهنة

I.D Number Visit Visa رقم البطاقة الشخصية

Telephone No. (Home) - رقم الهاتف المنزلي

Mobile Number 77762015 رقم الجوال

Emergency Contact Person Abdur Rehman (Husband) أقرب الأقارب

Emergency Contact Number 77762015 رقم هاتف

Address: Building No. 1059 Zone No. 55 Street No. 363 العنوان:
رقم البناية رقم المنطقة رقم الشارع

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 / بالاسم ☐ 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 038945

نموذج الموافقة المستنيرة

موافقة على العلاج الطبي

أوافق و أوجة 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: Lubna Bibi

التاريخ: 29-5-2024

ملف رقم: 038945

التوقيع:





مختبرات دلتا العالمية ذ.م.م

DELTA INTERNATIONAL LABORATORIES W.L.L

Quality • Safety • Privacy

ENDOCRINOLOGY

Name : LUBNA ABDULRAHMAN
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Pathologist Name. Dr .Swaroop, Anatomical and Clinical Pathologist

Dr Swaroop



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 د.م.م.

تليفون: ٤٤٨١٧٦٥١ / ٤٤٨١٧٦٥٢ - فاكس: ٤٤٨١٢٧٩٦

شارع السلام - معيذر الشمالي

فيلا رقم: ٨٠ و ٨٢

وصفة طبية Prescription

Nº 1

Date: 29 MAY 2024 التاريخ:

Patient's name: Lubna Abdulrahman إسم المريض:

File No.: 038945 رقم الملف:

Age: 22 yrs. A vaginitis العمر:

Rx

③ Gyrocandazole vag. supp. 400mg
تحسين كل ليلة عند النوم

- Kenazole cream
مسحوق خارجي مسحوق ليلة واحدة

③ Fluconazole caps. 150mg
كبسولة اليوم بعد الغشاء. تكرر
بعد ١٥ يومًا

- folic Acid tabs 400mcg
٥٠٠ بعد يومًا بعد الغشاء

Doctor's signature:

Email: dr.leilamedcenter@gmail.com

Mobile: 55868523