



File No.: 039259

Nationality: Q

GYNAECOLOGICAL SHEET

DR LEILA HAMID MEDICAL CENTER
File No: 039259
Name: MARIAM MOHAMED ALREMITH
QID No: 29663401859 Sex: Female
Mob: 33399201 ADDRESS: ABU HAMOOR



Age: 28y/0

Marital Status: 7yrs

band's Name: Khalid Ahamad AlThani

Mobile Phone:

Residence Phone:

SYMPTOMS:

vag. discharge, yellowish, not smelly
no urinary symptoms.
on Grazette, stopped 2 wks ago.

Medical History: medically free

P.H. Rt Salpingectomy M.C.P.M.
F.H. (Rt ectopic preg. 2021)

MENSTRUAL HISTORY:

Menarche: 12 - 13 yrs

L.N.M.P

Lactational Amen.

Menstrual Habits:

regular - last for one wk. every month

Menstrual Symptoms:

Non.

Menopause:

Parity: P

3

Abortion

4

Ectopic

1

LCB

8 months

♀

1

♂

2

AU NVDs, a/w

EXAMINATION

General Examination: Ht. 164 cm Wt. 58 Kg BMI Kg/m² Bp 120/80 mm Hg

very nice personality - not pale.

Chest, C.V.S.

Abdomen:

NAD.

Breasts:

PELVIC EXAMINATION:

Speculum Exam.

wide introitus & vagina - yellowish
vag. discharge. H.V.S for CIS was taken.

Bimanual Exam.

CX looks normal.

Rectal Exam.

not done.

Investigation Requested:

H.V.S for CIS

Diagnosis:

A vaginitis.

Plan of Management:

pt reassured. tx given.

Next Appointment:

Name : Mariam Mohamed
Lab. No. : 332440753
Contract. : Dr. Layla Bashir
Patient No. : 2160-039259
File No. :

Sample Date : 23/07/2024 21:15 PM
Report Date : 28/07/2024 09:54 AM

this sample was collected outside lab

Branch : Qatar Waab Age : 28 Year Sex : Female

Microbiology Unit

Vaginal Swab Examination C/S

Test	Result
Vaginal Discharge Examination	
Gram Stain	Occasional large gram positive bacilli; many epithelial cells; Some gram positive cocci in pairs and chains; Few gram negative bacilli
WBCs/ LPF	Occasional

Isolation Organisms:

(1) Escherichia coli

Modifier : heavy growth

(2) Streptococcus agalactiae

Modifier : heavy growth

Antibiotics	(1)Escherichia coli	MIC	(2)Streptococcus agalactiae	MIC
Ceftriaxone	S		S	
Cefepime	S		S	
Imipenem	S		S	
Meropenem	S		S	
Amikacin	S			
Gentamicin	S			
Ciprofloxacin	S			
Amoxicillin-clavulanic acid	S			
Ampicillin-sulbactam	S			
Levofloxacin	S		S	
Trimethoprim sulfamethoxazole	S			
Ampicillin	S		S	
Cefalexin	S			
Cefonicid	S			
Cefuroxime	S			
Cefixime	S			
cefepodoxime	S			
Cefotaxime	S		S	
Aztreonam	S			
Doripenem	S			
Tobramycin	S			
Ceftazidime	S			

Printed By: System

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PM :Printed Date 13:27 28/07/2024

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Piperacillin-tazobactam	S			
Ceftriaxone	S		S	
Cefoxitin	S			
Penicillin			S	
Vancomycin			S	
Ceftizoxime			S	
Linezolid			S	
Tetracycline			R	
Erythromycin			R	
Azithromycin			R	
Clindamycin			R	

P:Pos-:-N:NegS:SensitiveI:IntermediateR:Resistant

Vaginal smear and culture was suggestive of Aerobic Vaginitis.

Assessment of Gram stain is based on Nugent Scoring System
Nugent Score = 3, which is considered negative for Bacterial Vaginosis

S.agalactiae:***This is reported as critical result for pregnant women from 36-38 weeks of gestation.

Please correlate clinically.

Bacterial Identification and Antimicrobial Susceptibility Test were performed on Vitek2Compact Advance Expert System (AES).

Reviewed By:

Dr. Hisham El-Banawy
Anatomical & Clinical Pathology
Dr. Hisham El Banawy
Consultant



Date 23 / 7 / 24

New Patient Registration Form

Full Name هريم محمد الرميثي الاسم الكامل

Date of Birth 19-3-1996 تاريخ الميلاد

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

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

Occupation المهنة

I.D Number رقم البطاقة الشخصية

Telephone No. (Home) رقم الهاتف المنزلي

Mobile Number 33399201 رقم الجوال

Emergency Contact Person زوج أقرب الأقارب

Emergency Contact Number 3333394 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 039259



نموذج الموافقة المستنيرة

موافقة على العلاج الطبي

أوافق و أوجة الطبيب / الطيبة المعالج لي لمقابلي 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: حريم محمد الرمي

التاريخ: 23-7-24

ملف رقم: 039259

التوقيع:



(Handwritten signature)

State of Qatar
ID. Card



دولة قطر
بطاقة إثبات شخصية



الرقم: ID. No: 29663401859

تاريخ الميلاد: D.O.B. 19/03/1996

محل الميلاد: قطر

الجنسية: QATAR / قطريه

الصلاحية: Date of expiry: 29/12/2024



الاسم: مريم محمد احمد الدليل الرميثي

Name: MARYAM MOHD A A AL-REMITHI

Date of Issue: 30/12/2014

Blood Group: O-

Serial No.:
الدوحة - الصيري - شارع سيف بن عمر حنظل 31

تاريخ الإصدار:

فصيلة الدم:

الرقم المسلسل:
العنوان:

مدير إدارة الجنسية و وثائق السفر
Authority's signature

توقيع حامل البطاقة
Holder's signature



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Ampicillin-sulbactam	S			
Levofloxacin	S		S	
Trimethoprim sulfamethoxazole	S			
Ampicillin	S		S	
Cefalexin	S			
Cefonicid	S			
Cefuroxime	S			
Cefixime	S			
cefpodoxime	S			
Cefotaxime	S		S	
Aztreonam	S			
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Cefoxitin	S			
Penicillin			S	
Vancomycin			S	
Ceftizoxime			S	
Linezolid			S	
Tetracycline			R	
Erythromycin			R	
Azithromycin			R	
Clindamycin			R	

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