



File No.: 039010

Nationality: GERMANY

## GYNAECOLOGICAL SHEET

DR. LEILA HAMID MEDICAL CENTER

File No: 039010

Name: SAFA KAREEJ

QID No: 29728000051 Sex: Female

Mob: 51200066-H Address: ALGARAF



Age: 27 yrs

Marital Status: 7 years

band's Name: DR. mohammed Aishhab

Mobile Phone:

Residence Phone:

### SYMPTOMS:

used Pop (Ceratette) 2ry A°  
- d Balache & Hair loss  
- fatigability +

Medical History:

P.H.

F.H.

DM + HTN

### MENSTRUAL HISTORY:

Menarche:

Menstrual Habits:

Menstrual Symptoms:

Parity:

P

3

Abortion

0

Ectopic

LCB

9/12

♀

2

♂

1

all NVD

### EXAMINATION

General Examination: Ht. 165 cm

Wt. 73.3

BMI

Bp 110/70 mm Hg

Look, pale

No acne

Chest, C.V.S.

Abdomen:

Breasts:

Normal

### PELVIC EXAMINATION:

Speculum Exam.

Bimanual Exam.

Rectal Exam.

Not want examination

Investigation Requested:

Abd + T-vals AVE artery ET  
4-3mm Normal Both ovaries

Diagnosis:

Hair loss + Hologram for iron

cBus Ferritin vit D

Plan of Management:

Zinc

Next Appointment:

Ch

Name : Safa Krij  
Lab. No. : 332431994  
Contract. : QIC Insurance  
Patient No. : 29728000051  
File No. :

Sample Date : 06/06/2024 19:13 PM  
Report Date : 06/06/2024 19:44 PM  
Doctor references : Dr. Ebtesam Abdallah  
this sample was collected outside lab

Branch : Qatar Waab Age : 27 Year Sex : Female

**Haematology Unit**

**Complete Blood Count - (CBC)**

| Test                                             | Result | Unit                  | Ref. Range  |
|--------------------------------------------------|--------|-----------------------|-------------|
| <b>Hemoglobin Level</b>                          |        |                       |             |
| Hemoglobin                                       | 10.7   | L g/dL                | 12 - 15.5   |
| Hematocrit                                       | 34.8   | L %                   | 34.9 - 44.5 |
| <b>Red cell Count And indices</b>                |        |                       |             |
| Red cell count                                   | 4.39   | x10 <sup>12</sup> /L  | 3.9 - 5.03  |
| MCV                                              | 79.3   | L fL                  | 81.6 - 98.3 |
| MCH                                              | 24.4   | L pg                  | 26.5 - 32.6 |
| MCHC                                             | 30.7   | L g/dL                | 32 - 36     |
| RDW                                              | 12.4   | %                     | 11.9 - 15.5 |
| <b>Leucocytic count (Total and Differential)</b> |        |                       |             |
| Total Leucocytic Count                           | 10.00  | x10 <sup>9</sup> /L   | 3.6 - 10.5  |
| Basophils absolute count                         | 0.02   | x10 <sup>9</sup> /L   | 0 - 0.2     |
| Eosinophils absolute count                       | 0.26   | x10 <sup>9</sup> /L   | 0.01 - 0.5  |
| Neutrophils absolute count                       | 5.47   | x10 <sup>9</sup> /L   | 1.7 - 7.5   |
| Lymphocytes absolute count                       | 3.71   | H x10 <sup>9</sup> /L | 0.9 - 3.2   |
| Monocytes absolute count                         | 0.54   | x10 <sup>9</sup> /L   | 0.2 - 1     |
| <b>Platelet Count</b>                            |        |                       |             |
| Platelet Count                                   | 349    | x10 <sup>9</sup> /L   | 150 - 450   |

**Comments**

Note: New Analyzer in Use Sysmex XN 550.  
There is mild microcytic hypochromic anemia for age & sex.

Reviewed By:

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

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Branch : Qatar Waab Age : 27 Year Sex : Female

### Chemistry Unit

| Test              | Result | Unit  | Ref. Range |
|-------------------|--------|-------|------------|
| Ferritin In Serum | 74.09  | ng/mL | 13 - 150   |

Reviewed By:

  
Dr. Hisham El-Banawy  
Anatomical & Clinical Pathology  
License No. 3483

Dr. Hisham El-banawy  
Consultant



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Dr. LEILA H. MEDICAL CENTRE WLL



مركز د. ليلي حامد الطبي

Figure 1

|                        |                                          |                             |             |
|------------------------|------------------------------------------|-----------------------------|-------------|
| GYNE ULTRASOUND REPORT | FILE NO:                                 | 039010                      |             |
|                        | NAME:                                    | Safa Kareef                 |             |
|                        | LMP:                                     | A <sup>o</sup> 1st day 9/12 |             |
|                        | GRAVIDA:                                 | PARA: 3                     | ABORTION: 0 |
|                        | REASON FOR SCAN: - A <sup>o</sup> 9/12 & |                             |             |
|                        | Pelvic pain to back with<br>Ovarian cyst |                             |             |

UTERUS:

NORMAL

ENLARGED

ENDOMETRIAL STRIP:

NORMAL

THICKENED 4-4

ADNEXA:

R OVARY \_\_\_\_\_ MM X \_\_\_\_\_ MM

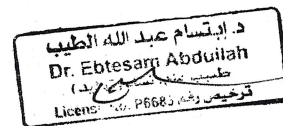
L OVARY \_\_\_\_\_ MM X \_\_\_\_\_ MM

Normal  
bilateral ovaries

OTHER FINDINGS:

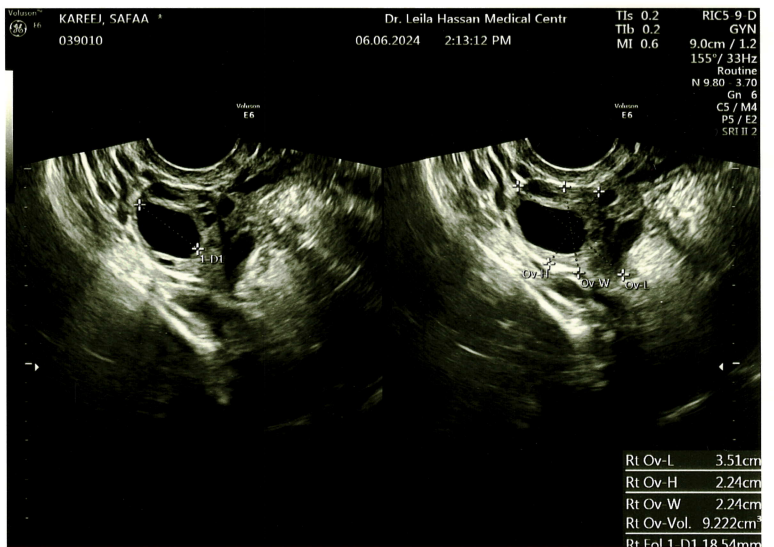
Leading Rt follicle 18mm

IMPRESSION:



DOCTOR SIGNATURE AND STAMP





|                        |                                                                                                                             |                      |                        |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------|
| Pre-Approval Code      | : 24090361684-R                                                                                                             | Pre-Approval Status  | : Registered           |
| Applied Date           | : 06/06/2024 17:02                                                                                                          | Approval Date        | :                      |
| Insured Name           | : Safa Krij                                                                                                                 |                      |                        |
| Provider Name          | : DR. LEILA HAMID MEDICAL CENTER                                                                                            |                      |                        |
| Policy Holder          | : Al Emadi Hospital WLL                                                                                                     | Medical Record No    | :                      |
| Policy No              | : P2209000097-R1                                                                                                            | Member Id            | : MEM24042156          |
| Type                   | : Out-Patient                                                                                                               | Admission Date       | : 06/06/2024           |
| Admission Period       | :                                                                                                                           | Admission Type       | :                      |
| Illness                | : Acute                                                                                                                     | LMP Date             | :                      |
| Priority               | : NORMAL                                                                                                                    | Currency             | : QAR                  |
| Primary Diagnosis      | : Pallor                                                                                                                    | Present Illness Dur. | : 2 YEARS              |
| Facility               | : Obstetrics and Gynecology                                                                                                 | Doctor               | : DR. EBETSAM ABDULLAH |
| Benefit                | : Basic                                                                                                                     | Sub Benefit          | : Basic                |
| Beneficiary Share      | : Co-pay                                                                                                                    | Percentage           | : 0%                   |
| Co-ins                 | : 15%                                                                                                                       | Ded                  | : 25 QAR               |
| Approved By            | :                                                                                                                           | Age / Gender         | : 26 Y Female          |
| Other Diagnosis        | L65.9 - Nonscarring hair loss, unspecified,M85.80 - Other specified disorders of bone density and structure, multiple sites |                      |                        |
| Past Medical History   | PARA 3 + AB 0                                                                                                               |                      |                        |
| About Present Illness  | C/O BACKACHE WITH MILD DIZZINESS AND G FATIGUE ABILITY HAIR LOSS FOR 1/12                                                   |                      |                        |
| 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 |
| US001           | Gynaecology Ultrasound()                                     | 1        | 250.00  | 250.00   | NA               | Registered |

Total Estimated Amount : 360.00  
Total Approved Amount : 360.00  
Print Date : 06/06/2024 17:06

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.

Direct Billing Claim Form (Others)

Date: 06/06/2024 12:43

Provider: DR. LEILA HAMID MEDICAL CENTER

MR No: 629010



Al Emadi Hospital WLL  
P2209000097-R1

Effective: 20/03/2024 TO 29/06/2024

Safa Krij

29728000051

MEM24042156 Emp id :2043-1

Affinity

Advantage

Patient Name: Safa Krij

DOB / Age: 15/07/1997 / 25

Gender: Female

☐ New Visit ☐ Follow-up

☐ OP ☐ ER ☐ Day care ☐ IP

In case in-patient admission is recommended

Admission Date: dd/mm/yyyy

Length of Stay:

To be filled by Medical Practitioner

Present Illness Details:

Chronic Backache +  
mild Dizziness +  
Gr. Fatigue ability  
hair loss > 1yr

Past Medical History:

H/o Anaemia  
+ low vit D

☐ Acute ☐ Chronic ☐ Accident ☐ Hereditary/Congenital ☐ Work Related ☐ Pregnancy LMP: 8/9/24

Diagnosis: Mandatory

A0 -> lactating  
palor + bone pain  
+ Can't tolerate minor activity for 1 CBS + 5-feration

Duration of Illness: Mandatory

lactating  
for investigation

Lab / Radiology:

Δ = Iron deficiency anaemia  
- low Hb D  
Acute on chronic hair loss for investigation

Procedure / Pharmacy:

+ Vit D  
Zinc

Medical Practitioner Declaration

I hereby certify that all medical information mentioned is to the best of my knowledge true and the medical services shown on this form are medically indicated & necessary for the management of the patient medical condition.

Treating Physician:

Dr. Ebtessam Abdulla

Speciality:

OB/Gyn

Contact No:

55868523

Signature or Stamp:

Dr. Ebtessam Abdulla  
طبيب عام (نساء وتوليد)  
GP (Obstetrics & Gynecology)  
ترخيص رقم P8063  
DR. LEILA HAMID  
MEDICAL CENTER WLL

Patient Declaration

I hereby certify that the entire particulars given above are true and doesn't contain any false, misleading, or incomplete information. I hereby authorize QLM Life & Medical Insurance Company to discuss, access, and share with Medical personnel, Medical practitioner, health professional, or other relevant medical providers and obtain a copy of all my health records in this facility or any other facility (or any of my dependent's records) that may be requested by them or their appointed representative. I also agree that a copy of this declaration stands valid as an original.

أقر بأن جميع المعلومات الواردة أعلاه صحيحة ولا تحتوي على أي معلومات خاطئة أو مضللة أو غير كاملة. كما أنني أوافق شركة كيو إل إم لتأمينات الحياة والتأمين الصحي بمناقشة والسماح بالإطلاع ومشاركة سجلاتي الطبية مع الكوادر الطبية والأطباء والمتخصصين الصحيين الآخرين ذوي الصلة أو أي من مزودي الخدمات الطبية الآخرين والحصول على نسخة من سجلاتي الصحية في هذه المنشأة (أو سجلات أي ممن أعولهم) التي يطلبونها أو من يمثلهم. كما أوافق على أن هذا الإقرار يعتبر ساري المفعول كنسخة أصلية.

Patient Signature (above 18 years):

Parent/Guardian Signature (below 18 years):

Mobile No: 51177116

Date & Time: 06/06/2024 12:43





Date 06 / 06 / 2024

**New Patient Registration Form**

Full Name Safa Krig الإسم الكامل

Date of Birth 15.07.1997 تاريخ الميلاد

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

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

Occupation ..... المهنة

I.D Number ..... رقم البطاقة الشخصية

Telephone No. (Home) ..... رقم الهاتف المنزلي

Mobile Number ..... رقم الجوال

Emergency Contact Person ..... أقرب الأقارب

Emergency Contact Number ..... 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 Safa التوقيع

File Number 039 010



## 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 إجراء فحص طبي إن طلب مني من أجل تقديم رعاية طبية صحيحة.

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

Safa Krij

اسم المريض / المريضة:

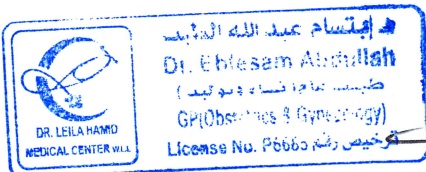
06 . 06 . 2024

التاريخ:

03910

ملف رقم:

التوقيع :



Safa



State Of Qatar  
Residency Permit



دولة قطر  
رخصة إقامة

ID.No: 29728000051 الرقم الشخصي:  
D.O.B.: 15/07/1997 تاريخ الميلاد:  
Expiry: 20/12/2024 الصلاحية:  
Nationality: GERMANY الجنسية:  
Occupation: ربة منزل المهنة:



الاسم: صفا كريج

Name: SAFA KRIJ

Passport Number: C2YXPHY1T رقم جواز السفر:  
Passport Expiry: 23/02/2033 تاريخ انتهاء الجواز:  
Serial No: 30129728000051 الرقم المسلسل:  
Residency Type: عائلية نوع الرخصة:  
Employer: محمد الشهاب المستقدم:

مدير عام الإدارة العامة للجوازات  
General Director of the General  
Directorate of Passports

توقيع حامل البطاقة

Holder's signature





Dr. LEILA H. MEDICAL CENTRE WLL



مركز د. ليلى حامد الطبي

الموضوع / اتفاقية تسديد مستحقات التأمين

أقر أنا، صفا عامر كريج، 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: صفا عامر كريج

رقم الملف: 039010

رقم الجوال: 51177116

التاريخ: 06. 06. 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: \_\_\_\_\_

Name : Safa Krij  
Lab. No. : 332431994  
Contract. : QIC Insurance  
Patient No. : 29728000051  
File No. : 039 010

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Doctor references : Dr. Ebtesam Abdallah  
this sample was collected outside lab

Branch : Qatar Waab Age : 27 Year Sex : Female

### Haematology Unit

### Complete Blood Count - (CBC)

| Test                                             | Result | Unit               | Ref. Range  |
|--------------------------------------------------|--------|--------------------|-------------|
| <b>Hemoglobin Level</b>                          |        |                    |             |
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Dr. Hisham El-banawy  
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Reviewed By:

Dr. Hisham El-Banawy  
Anatomical & Clinical Pathology  
License No. 3423  
Dr. Hisham El-banawy  
Consultant

دقة التشخيص .. سرعة الأداء  
Accurate .. Fast .. reliable Results