



File No.: 039025

Nationality: JOR

GYNAECOLOGICAL SHEET

DR LEILA HAMID MEDICAL CENTER
 File No: 039025
 Name: SHAHERA AHMED ALSAMADI
 QID No: 27640000650 Sex: Female
 Mob: 55256696 ADDRESS: MURIKH

Age: 48 yrs

Marital Status: 25 yrs

s Name: Lucy Abdulrahman AlSamadi

hone: Residence Phone:

SYMPTOMS:

Spotting now for 20 days.
 no loop for 4 yrs.

Medical History: Nm

P.H. Nm

F.H.

MENSTRUAL HISTORY:

Menarche: 15

L.N.M.P

19-5-24

Menstrual Habits: monthly usually for 5 days

Menstrual Symptoms:

Menopause:

Parity: P 4

Abortion I

Ectopic

LCB 14 yr

♀ 1

♂ 3

EXAMINATIONGeneral Examination: Ht. 161 cm Wt. 66 Kg BMI Kg/m² Bp 110/70 mm Hg

looks her age or older, non coop. demanding patient

Chest, C.V.S. N/A

Abdomen: N/A

Breasts: small

PELVIC EXAMINATION:

Speculum Exam. bloody considerable fresh & altered, big

Bimanual Exam. Cx = euclini. thread 1cm, 1st degree ut

Rectal Exam. prolapse. wide vagina,

Investigation Requested: AV F ut e thick endomet C-B Swiss cheese

appearance 15-18mm R+ov. — core follicle
 Doppler N loop little bit low seen & difficult & one old follicle

Diagnosis: Menometrorrhagia, for investigation

Plan of Management:

for Hysteroscopy D & C

Next Appointment:

D & C on request

Flowsheet Print Request

Patient: SHAHERA AHMAD AYOUB ALSMADI

Printed by: Shahera Ahmad Ayoub Alsmadi - 012741 - Charge Nurse (CF) - Pediatrics

MRN: HC00042034

Date Range: 01/01/2024 08:28 AST - 30/07/2024 08:28 AST

Printed on: 30/06/2024 08:34 AST

Lab View	26/06/2024 13:37	26/06/2024 12:14
	AST	AST
General Hematology		
☐ WBC		6.9
☐ RBC		4.2
☐ Hgb		L 11.3
☐ Hct		L 33.8
☐ MCV		L 80.7
☐ MCH		27.0
☐ MCHC		33.4
☐ RDW-CV		H 14.6
☐ Platelet		374
☐ MPV		10.3
☐ Absolute Neutrophil count Auto# (ANC)		4.1
☐ Lymphocyte Auto #		2.1
☐ Monocyte Auto #		0.5
☐ Eosinophil Auto #		0.14
☐ Basophil Auto #		0.05
☐ Neutrophil Auto %		59.3
☐ Lymphocyte Auto %		30.7
☐ Monocyte Auto %		7.3
☐ Eosinophil Auto %		2.0
☐ Basophil Auto %		0.7
Coagulation		
☐ Prothrombin Time		* 11.6
☐ INR		1.0
☐ APTT		* 32.8
Blood Chemistry		
☐ Creatinine		59
☐ eGFR		* >60
☐ Bilirubin T		6
☐ Total Protein		77
☐ Albumin		41
☐ Alk Phos		44
☐ ALT		11
☐ AST		18
☐ CK		90
☐ Cholesterol		* 5.8
☐ Triglyceride		* 1.0
☐ HDL		* 1.7
☐ LDL-Calc		* 3.7
☐ Iron		11
☐ TIBC		70
☐ Transferrin		2.8
☐ Fe% Saturation		16
☐ Glu Random		* 3.8
☐ HbA1C %		* 5.6
☐ Non HDL		* 4.1

Flowsheet Print Request

Patient: SHAHERA AHMAD AYOUB ALSMADI

Printed by: Shahera Ahmad Ayoub Alsmadi - 012741 - Charge Nurse (CF) - Pediatrics

MRN: HC00042034

Date Range: 01/01/2024 08:28 AST - 30/07/2024 08:28 AST

Printed on: 30/06/2024 08:34 AST

Lab View		26/06/2024 13:37 AST	26/06/2024 12:14 AST
Endocrinology			
☐ Vit D			* 23
☐ Ferritin			53.4
☐ TSH			* 2.16
☐ Vit B12			247.0
Hepatitis Serology			
Hepatitis A Total Ab			* Positive



PHYSICIANS ORDERS AND PROGRESS NOTES FORM

Patient's Name: Shahera Ahmed
File No: 039025
QID: 27640000650
Nationality: JOR
Age: 48 yrs Sex: F
D.O.B: 30-01-1976
tel # : 55256696

Room No:

Dx:

Allergies:

Surgery:

Dr. Name:

Date	Time	Order	Dr. Sig	N. Sig/Time
03/7/2024	7 ⁰⁰ am	- Para 4 +1, AU NVD. LD 14 yrs old. - presented c/o: irregular prolonged heavy periods and occasional post coital bleeding. - She is medically free. - she has IUD in place since 2021. - No significant surgical or F-H. - DH = Not Known allergic to any drug. not on chronic medications.		

Date	Time	Notes	Dr. Sig
		O/E: looks her age or older, non-coop. systems NAD. BP: 110/70 mmHg U/S showed: A/V uterus w thick endometrium Grade B, Swiss cheese appearance. 15-18 mm, w loop little bit low, normal Rt ovary. Left ovary seen w difficulty w one old follicle. P-V & S-E: considerable bleeding big ex erosion w Pap smear - neg. thread 1 cm. first degree uterine prolapse. wide vagina. Δ Menometrorrhagia For: Hysteroscopy + IUC, biopsy CBC Hb%: TSH: RBC: HgbSA5:	



M.F. 39

شركة الرعاية الصحية

Dr. LEILA H. MEDICAL CENTRE WLL



مركز د. ليلي حامد الطبي ذ.م.م

Figure 1

GYNE ULTRASOUND REPORT	FILE NO:	039025
	NAME:	Shahera Ahmed Albandi
	LMP:	19/05/2024
	GRAVIDA:	PARA: 4 ABORTION: I
	REASON FOR SCAN:	Heavy menstrual Bleeding

UTERUS:

NORMAL

ENLARGED

ENDOMETRIAL STRIP:

NORMAL

THICKENED ET = 17.05 mm

ADNEXA:

R OVARY 18 MM x 16 MM x 16 mm

L OVARY 15 MM x 16 MM x 16 mm

OTHER FINDINGS:

Metrorrhagia for investigation

IMPRESSION:

Thickened endometrium

DOCTOR SIGNATURE AND STAMP

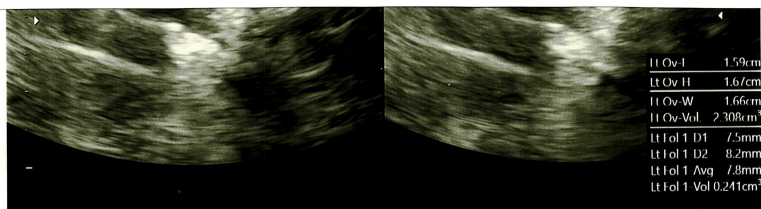
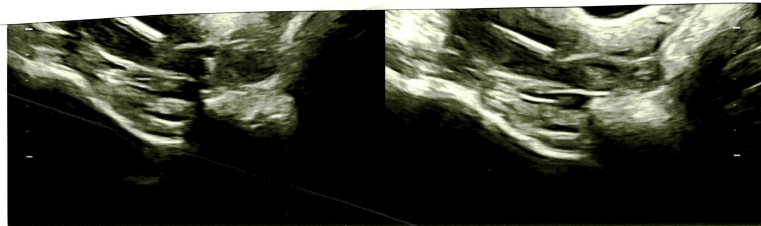
د. ليلي حامد
Dr. Leila H. M.D.
استشارية نسائية وتوليد
Consultant OB GYN
ترخيص رقم P832

GE Healthcare **DR LEILA HAMED** Date of Exam: 01.07.2024 Page 1 / 11
Exam Type:

Name	ALSAMADI, SHAHERA AHMED		DOB		Sex	Female
Pat. ID	039025		Perf. Phys.			
Indication			Ref. Phys.			
			Sonogr.			
LMP	19.05.2024	Day of Cycle	44	Gravida		AB 1
Day of stim.		Expected Ovul.		Para	4	Ectopic

Antral Follicle Count

	Left Ovary				Right Ovary			
2D Measurements	Value	m1	m2	m3	m4	m5	m6	Meth.
Left Ovary								
Length	2.27 cm	2.27						avg.
Width	1.11 cm	1.11						avg.
Height	1.42 cm	1.42						avg.
Volume	1.873 cm ³	1.873						
Right Ovary								
Length	3.18 cm	3.18						avg.
Width	1.31 cm	1.31						avg.
Height	2.07 cm	2.07						avg.
Volume	4.515 cm ³	4.515						



Volume	2.308 cm ³	2.308	
Right Ovary			
Length	1.84 cm	1.84	avg.

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

Pre-Approval Code	: 24090421454-R	Pre-Approval Status	: Registered
Applied Date	: 01/07/2024 16:41	Approval Date	: 01/07/2024 16:41
Insured Name	: SHAHERA ALSMADI		
Provider Name	: DR. LEILA HAMID MEDICAL CENTER		
Policy Holder	: Sidra Medicine	Medical Record No	:
Policy No	: P2109000197-R2	Member Id	: MEM21353707
Type	: Out-Patient	Admission Date	: 01/07/2024
Admission Period	:	Admission Type	:
Illness	: Acute	LMP Date	:
Priority	: NORMAL	Currency	: QAR
Primary Diagnosis	: Excessive bleeding in the premenopausal period	Present Illness Dur.	: ONE MONTH
Facility	: Obstetrics and Gynecology	Doctor	: DR. LEILA HAMID HASSAN
Benefit	: Basic	Sub Benefit	: Basic
Beneficiary Share	: Co-pay	Percentage	: 0%
Co-ins	:	Ded	: 50 QAR
Approved By	:	Age / Gender	: 47 Y Female
Other Diagnosis	:		
Past Medical History	: G 4 + PARA 4 + A 1		
About Present Illness	: C/O BLEEDING WITH CLOTS SINCE LAST SEEN ABORTED FOR HYSTEROSCOPY D&C REASON FOR SCAN PREOPERATIVE FOR ENDOMETRIAL SAMPLING FOR THICKENED ENDOMETRIUM		
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 : 01/07/2024 16:42

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.

Pre-Approval Code	: 24090370165-R	Pre-Approval Status	: Registered
Applied Date	: 10/06/2024 12:07	Approval Date	: 10/06/2024 12:07
Insured Name	: SHAHERA ALSMADI		
Provider Name	: DR. LEILA HAMID MEDICAL CENTER		
Policy Holder	: Sidra Medicine	Medical Record No	:
Policy No	: P2109000197-R2	Member Id	: MEM21353707
Type	: Out-Patient	Admission Date	: 10/06/2024
Admission Period	:	Admission Type	:
Illness	: Acute	LMP Date	:
Priority	: NORMAL	Currency	: QAR
Primary Diagnosis	: Excessive and frequent menstruation with irregular cycle	Present Illness Dur.	: 20 DAYS
Facility	: Obstetrics and Gynecology	Doctor	: DR. LEILA HAMID HASSAN
Benefit	: Basic	Sub Benefit	: Chronic Conditions
Beneficiary Share	: Co-pay	Percentage	: 0%
Co-ins	:	Ded	: 50 QAR
Approved By	:	Age / Gender	: 47 Y Female
Other Diagnosis	:		
Past Medical History	: PARA 4 + AB 1 H/O ENDOMETIRAL SAMPLE		
About Present Illness	: C/O ABNORMAL PERIOD NOW 20 DAYS ON AND OFF REASON FOR SCAN HEAVY MENSTRUAL BLEEDING		
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 : 10/06/2024 12:13

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

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



Date 10 / 6 / 2024

New Patient Registration Form

Full Name Shahera Ahmed Alsmeh الإسم الكامل

Date of Birth 30 - 01 - 1976 تاريخ الميلاد

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

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

Occupation Nurse المهنة

I.D Number 27640000650 رقم البطاقة الشخصية

Telephone No. (Home) رقم الهاتف المنزلي

Mobile Number 55256696 رقم الجوال

Emergency Contact Person Husband أقرب الأقارب

Emergency Contact Number 55334608 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 [Signature] التوقيع

File Number 039025

نموذج الموافقة المستنيرة

موافقة على العلاج الطبي

أوافق و أوجة الطبيب / الطيبية 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: شهره الهد الحمادي

التاريخ: ٢٠٢٤/٦/١٠

ملف رقم: ٥٣٩٥٢٥

التوقيع: ل.ه.م

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

((ومن آياته أن خلق لكم من أنفسكم أزواجا لتسكنوا إليها وجعل بينكم مودة ورحمة إن في ذلك لآيات لقوم يفتكرون)) صدق الله العظيم

قسيمة الزوج


 المملكة الأردنية الهاشمية
 المحكمة الشرعية في عجلون
 مكان العقد والزعم

[illegible]

تصديق القاضي

المأذون

الولي الشرعي

لزوجہ اور وکیلہا

لزوج اور وکیلہ

about 1000

—

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 27640000650 الرقم الشخصي:
D.O.B.: 30/01/1976 تاريخ الميلاد:
Expiry: 19/04/2025 الصلاحية:
الجنسية:
Nationality: JORDAN اردنية
Occupation: ممرضة المهنة:



الاسم: شهيرة احمد ايوب الصمادي

Name: SHAHERA AHMAD AYOUB ALSMADI

Passport Number:

Q419351

رقم جواز السفر:

Passport Expiry:

19/04/2026

تاريخ انتهاء الجواز:

Serial No:

31127640000650

الرقم الممثل:

Residency Type:

عمل

نوع الرخصة:

Employer:

مندرة للطب

المستقدم:

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

توقيع حامل البطاقة
Holder's signature



State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 27340000658 الرقم الشخصي:
D.O.B: 08/12/1973 تاريخ الميلاد:
Expiry: 19/04/2024 الصلاحية:



Nationality: اردني JORDAN الجنسية:
Occupation: ممرض المهنة:

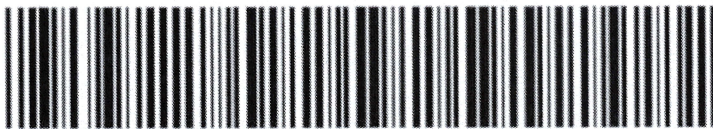
الإسم: لؤى عبدالرحمن محمد الصمادي

Name: LUAY ABDALRHAMAN MOHMMAD ALSMADI

Passport Number: Q419356 رقم جواز السفر:
Passport Expiry: 19/04/2026 تاريخ انتهاء الجواز:
Serial No: 30827340000658 الرقم المسلسل:
Residency Type: عمل نوع الرخصة:
Employer: مؤسسه حمد الطبيه المستقدم:

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

توقيع حامل البطاقة
Holder's signature





الموضوع / اتفاقية تسديد مستحقات التأمين

أقر أنا، Shahera Alsmely، 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: شاهرا السمللي
رقم الملف: 034024
رقم الجوال: 55256696
التاريخ: 01 JUL 2024
تفاصيل الدفع: مرفق صورة من الإيصال

SL التوقيع:

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: _____

Cancelled



DISCHARGE SUMMARY



SCAN QR CODE TO EVALUATE THE SERVICE

Name of the Patient: <u>Shahera Ahmed</u>	File No: <u>039025</u>			
Age/ Sex: <u>48 yrs . ♀</u>	Nationality: <u>JOR</u>			
Date of Admission:	Date of Discharge:			
ADMISSION DIAGNOSIS: <u>Δ Menometrorrhagia</u>				
PRESENTING COMPLAINT(S) AND REASON FOR ADMISSION: <u>Para 4+1, All NVD, LD 14 yrs - she has IUD. she is medically free presented c/o heavy, prolonged, irregular period + post coital bleeding. Plan</u>				
PHYSICAL EXAMINATION & LABORATORY FINDINGS: <u>for Hysteroscopy + D&C + biopsy.</u> <u>- CBC</u> <u>- Hepatitis B screening test.</u> <u>- TST</u>				
RADIOLOGY FINDINGS: <u>Thick endo - 15-18 mm ~ Swiss cheese appearance - Loop in place - normal ovaries.</u>				
PROCEDURES & TREATMENT PROVIDED: <u>Hysteroscopy + D&C + biopsy.</u>				
SPECIMEN STONE : <u>Removed and Sent:</u> ☒	No:			
DISCHARGE DIAGNOSIS: <u>Δ menometrorrhagia</u>				
SUMMARY OF HOSPITAL STAY: <u>Smooth.</u>				
DISCHARGE CONDITION: <u>Fair</u>				
DISCHARGE MEDICATION (Refer to the Medication Reconciliation at Discharge & Prescription attached)				
Discharge Medication	Dose	Route	Frequency	Duration
<u>—</u>				
ACTIVE MEDICAL PROBLEM AT DISCHARGE:				
No : ☒ Yes: ☐ If yes, please specify: _____				
DISCHARGE DESTINATION: Home: ☒ Other: _____				
FOLLOW UP: Appointment Date: <u>one wk to Clinic</u>				
DISCHARGE INSTRUCTIONS (Post Operative Home Care): <u>regular use of medications</u>				
Advice, recommendations and future plans (including results awaited and outstanding investigations):				

Physician Signature & Stamp:



Date: 23 JUN 2024

M.F. 45-B



Pre-Approval Code	: 24090374200	Pre-Approval Status	: Additional Info
Applied Date	: 11/06/2024 16:46	Approval Date	: 11/06/2024 18:01
Insured Name	: SHAHERA ALSMADI		
Provider Name	: Al-Emadi Hospital WLL		
Policy Holder	: Sidra Medicine	Medical Record No	:
Policy No	: P2109000197-R2	Member Id	: MEM21353707
Type	: In-Patient	Admission Date	: 11/06/2024
Admission Period	: 1	Admission Type	: Surgical Admission
Illness	: Acute	LMP Date	:
Priority	: ELECTIVE	Currency	: QAR
Primary Diagnosis	: Excessive and frequent menstruation with regular cycle	Present Illness Dur.	: A
Facility	: Surgery, General	Doctor	: REFERRAL FROM OUTSIDE
Benefit	: Basic	Sub Benefit	: Chronic Conditions
Beneficiary Share	: Co-pay	Percentage	: 0%
Co-ins	:	Ded	: NA
Approved By	: 160090	Age / Gender	: 47 Y Female
Other Diagnosis	:		
Past Medical History	: ...		
About Present Illness	: HEAVY PROLONGED PERIOD		
Request. Line Of Mgmt.	:		
Approval Remarks	: Kindly provide complete OB-gyn history (G-P score) + years of marriage + age of last child + method of contraception ///Provide radiology report.		

Treat/Drug Code	Treatment/Drug Desc (Reject/Approval Remarks) (Tooth Number)	Quantity	Est.Amt	Appr.Amt	Additional Copay	Status
GYN26	Diagnostic D & C()	1	4,000.00	0.00	NA	Additional Info
GYN32	Diagnostic H/Y()	1	4,000.00	0.00	NA	Additional Info
ST11	BIOPSY 2 (LARGER SIZE)()	1	880.00	0.00	NA	Additional Info

Total Estimated Amount : 8,880.00
Total Approved Amount : 0.00
Print Date : 11/06/2024 18:38

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

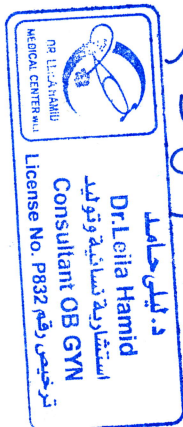
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Services rendered are subject to policy terms and conditions.



13/6/24 : 48 yrs old lady P4+1 LCB 14 yrs old
cto abnormal period now for 20 days. since 19/5/24
use no medications but has loop for 4 yrs (by
ULS well in situ) & follow it outside insurance
coverage & not in our center. ULS showed also very
thick endomet 18 mm. & vacuoles = not going & 20
days bleeding So: considering age factor
hysteroscopy is a must for her - prolonged period
- please consider
- thanks for coop. - Rel



Direct Billing Claim Form (Others)

Date: 11/06/2024 12:57

Provider: DR. LEILA HAMID MEDICAL CENTER

MR No: 639025



Sidra Medicine

P2109000197-R2

Effective: 01/01/2024 TO 31/12/2024

SHAHERA ALSMADI

27640000650

MEM21353707 Emp id :25471

Prestige

Premier Plus

Patient Name: SHAHERA ALSMADI

DOB / Age: 01/09/1976 / 47

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:

Rx+1, clo heavy prolonged periods for the last year. Uls - showed thick endomet

Past Medical History:

☐ Acute ☐ Chronic ☐ Accident ☐ Hereditary/Congenital ☐ Work Related ☐ Pregnancy LMP: dd/mm/yyyy

Diagnosis: Mandatory

15 mm. e Swiss cheese appearance - advised hysteroscopy - D & C

Duration of Illness: Mandatory

Lab / Radiology:

Procedure / Pharmacy:

for approval to be done at Al-Amadi Hospital

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. Leila Hamid

Speciality:

OB/Gyn

Contact No:

55868523

Signature or Stamp:

د/ليلى حامد
Dr. Leila Hamid
استشارية نسائية وتوليد
ترخيص رقم P832

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.

Shahera Alsmadi

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 للتأمينات 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:

55256696

Date & Time: 11/06/2024 12:57



Notification Request for Surgery

Patient's Name:	Shahera Ahmed
File No:	039025
QID:	27640000650
Nationality:	JOR
Age:	48 yrs
Sex:	F
D.O.B:	30.01.1976
tel. #:	5525646

Diagnosis: Δ Menometrorrhagia

Procedure/Operation: Hysteroscopy + D & C + biopsy.

Date & Time of Operation: 03.07.24 7:30 am

Type of surgery: ☒ Elective ☐ Emergency, Reason

Drug Allergy: ☒ No ☐ Yes, Allergic to

Antibiotic Prophylaxis: —

Additional Requirements: —

Anesthesia: ☒ General ☐ Sedation ☐ Local ☐ Spinal ☐ Epidural

Expected Duration of Operation: one hour

Expected Period of stay in Hospital:

Admission: ☐ Inpatient ☒ Day Care (<12 hours) ☐ Delivery

Dr. Leila Hamid

Doctor's Name & Signature

Date:



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Dr. LEILA H. MEDICAL CENTRE



مركز د. ليلي حامد الطبي

Figure 1

GYNE ULTRASOUND REPORT	FILE NO:	039025
	NAME:	Shahsra alsamari
	LMP:	19/5/24
	GRAVIDA:	4
	PARA:	4
	ABORTION:	I
	REASON FOR SCAN:	Preoperative For endometrial sampling For thickened endometrium

UTERUS:

NORMAL

ENLARGED

ENDOMETRIAL STRIP:

NORMAL

ET = 4mm THICKENED

ADNEXA:

R OVARY 31 MM X 13 MM X 20 mm

L OVARY 22 MM X 11 MM X 14 mm

OTHER FINDINGS:

No FFCDs

IMPRESSION:

Normal Gyne Pelvic Scan

د. ليلي حامد
Dr. Leila Hamid
استشارية نسائية وتوليد
ترخيص رقم P832

DOCTOR SIGNATURE AND STAMP

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

Prescription

وصفة طبية

Nº

Date: 10 JUN 2024 التاريخ:

Patient's name: Shaheera Ahmed Alsaad اسم المريض:

File No.: 039025 رقم الملف:

Age: 43 العمر:

1 Hmb
Heavy menstrual
Bleeding

Rx

Dafion tabs 500mg

حبّة دافون ٥٠٠ ملغ

تدخف الترس

(on her request)

Doctor's signature:

Email: dr.leilamedcenter@gmail.com

Mobile: 55868523