- 2nd wife
- last child for her husband <2 yrs

- 42 yrs
- driver
- medically free
- Not smoker

File No.: 039218

Nationality: SUD

GYNAECOLOGICAL SHEET

DR LEILA HAMID MEDICAL CENTER
File No: 039218
Name: WAMDHA HAMID IBRAHIM
QID No: 28573601968 Sex: Female
Mob: 55784054 ADDRESS : ALSHAMAL

Age: 39yrs

Marital Status: 1yr 1 months

Husband's Name: Ali Yousif Ali

Mobile Phone: Residence Phone:

SYMPTOMS: - want to conceive - stayed together 6 months. S-R 2-3 / wk, sad 3 Factory related tried and clomid 50mg twice last 2 months -

Medical History: medically free P.H. Spinal F.H. NA significant

MENSTRUAL HISTORY:

Menarche: 16 yrs **L.N.M.P** 26-6-24

Menstrual Habits: Regular every months - 5 days

Menstrual Symptoms: NA significant. **Menopause:**

Parity: P 0 **Abortion** 0 **Ectopic** **LCB**

♀ ♂

EXAMINATION

General Examination: Ht. 162 cm Wt. 64.6 Kg BMI Kg/m² Bp 120/80 mm Hg
well - cooperative - No excessive facial hair

Chest, C.V.S. NAD

Abdomen: NAD

Breasts: NAD - No galactorrhea

PELVIC EXAMINATION: Normal vulva - vagina & cervix curdy vaginal discharge

Speculum Exam.

Bimanual Exam.

Rectal Exam.

Investigation Requested: - next cycle FSH LH Prolactin TSH requested - TVS today AVF uterus ET = 6.78 mm - Rt ovarian follicular cyst 3.6 x 4.1 cm - Lt ovary PCO NVFF CDS -

Diagnosis: Primary infertility For work up

Plan of Management: - D2 FSH, LH, Prolactin
- CT D12 -

Next Appointment:

Name: Wandba Hamid File Number: 039218

Date	Cycle Day	Drugs	Endo.	Right Ovary	Left Ovary
4-8-24 110/60 64.3	24-7-24 am D12	—	GAB ET 6.9	Normal 2 dominant Follicle 21 & 17 mm No FFCs	Normal No dominant Follicle

Notes: - 4/8/24 :- S.R arranged but husband may not be able to come so No ovitrelle

n/a

Client: n/a

Address: n/a

Patient: **WAMDA IBRAHIM AHMED**

HC Number: HC04884877
FIN: n/a
Admit: n/a
Disch: n/a
Location: n/a

Qatari ID: 28573601968
DOB/Age/Sex: 20/08/1985 38 years Female
Admitting: n/a
Attending: n/a

Chemistry

Endocrinology

Collected Date 25/07/2024
Collected Time 10:31

Test		Units	Reference Range
Vit D	32 [i1,*1]	ng/mL	
Ferritin	63.9 *1	ug/L	[12.0-160.0]
FSH	7.5 [i2,*1]	IU/L	
LH	6.1 [i3,*1]	IU/L	
Prolactin	356 *1	mIU/L	[102-495]
TSH	1.21 [#,*1]	mIU/L	[0.30-4.20]

Interpretive Data

i1: Vit D
Please note the change from population based reference range to clinical decision values.
Clinical decision values correlate better with clinical status of Vitamin D.
<12 ng/mL – Deficiency
12 – 19 ng/mL – Insufficiency
>=20 ng/mL – Optimum Values

i2: FSH
FSH Reference Range:
Follicular Phase 4 - 13 IU/L
Ovulation Phase: 5 - 22 IU/L
Luteal Phase: 2 - 8 IU/L
PMP Phase: 26 - 135 IU/L

i3: LH
LH Reference Range:
Follicular Phase 2 - 13 IU/L

VALID COPY
AL KHOR HOSPITAL
HEALTH INFORMATION MANAGEMENT DEPT.

LEGEND: *=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Footnote, #=Interpretive Data, R=Ref Lab

Department of Laboratory Medicine & Pathology
P.O Box 3050 Doha, Qatar
Administrative Enquires +974 4026 4011
Email: Pathlabmed@hamad.qa

HGH Lab Rapid Response; +974 4025 7359
HGH Lab Anatomical Pathology; +974 44392046/7
HGH Lab Microbiology; +974 4439 4975/2038

Al Wakra hospital Lab; +974 4011 4201
Al Khor Hospital Lab; +974 4474 5181/2
NCCCR hospital Lab; +974 4439 7755/6
The Cuban Hospital Lab; +974 4015 7790
HBKMC Lab; +974 4026 4077/8
PEC Al Saad Lab; +974 4439 6014
HMGH Lab; +974 4024 0275
AAH Lab; +974 4024 8098

بسم الله الرحمن الرحيم

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

مركـــز د. ليلـى حـامد الطبي ذ.م.م

Date 14 / 7 / 24

New Patient Registration Form

Full Name ..... الإسم الكامل

Date of Birth 20/8/1985 ..... تاريخ الميلاد

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

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

Occupation ..... المهنة

I.D Number 285736 1968 ..... رقم البطاقة الشخصية

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

Mobile Number 55784054 ..... رقم الجوال

Emergency Contact Person 71600530 ..... أقرب الأقارب

Emergency Contact Number 66876840 ..... رقم هاتف

Address: Building No. 79 رقم البناية Zone No. ☐ رقم المنطقة Street No. الشمال رقم الشارع العنوان: 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 مسؤليات المريض

Signature ..... التوقيع

File Number 039218

تليفون: ٤٤٨١٧٦٥١ / ٤٤٨١٧٦٥٢ ـ فاكس: ٤٤٨١٢٧٩٦ ـ جوال: ٥٥٨٦٥٢٣/٥٥٣٤١٤٧٤ ـ شارع السلام ـ معيذر الشمالي فيلا رقم ٨٠/٨٢

Tel.: 44817651 / 44817652 Fax: 44812796 - Mobile : 55868523 / 55341474

Al Salam Street - Muaither North Villa No. 80 / 82 E-mail : dr.leilamedcenter@gmail.com

State Of Qatar
Residency Permit

دولة قطر
رخصة إقامة

ID.No:	28573601968	الرقم الشخصي:
D.O.B.:	20/08/1985	تاريخ الميلاد:
Expiry:	02/09/2024	الصلاحية:
	سودانية	الجنسية:
Nationality:	SUDAN	
Occupation:	مصممة جرافيك	المهنة:

الاسم: ومضه حامد ابراهيم احمد

Name: WAMDA HAMED IBRAHIM AHMED

Passport Number:	P06037378	رقم جواز السفر:
Passport Expiry:	26/07/2024	تاريخ انتهاءالجواز:
Serial No:	30328573601968	الرقم المسلسل:
Residency Type:	عمل	نوع الرخصة:
Employer:	ماكسويل تكنولوجي تريدينغ كونتراكتينغ اند سيرفيسس	المستقدم:

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

توقيع حامل البطاقة
Holder's signature