



File No.: 039038

Nationality: Ethiopian

GYNAECOLOGICAL SHEET

DR LEILA HAMID MEDICAL CENTER
File No: 039038
NAME: ZUBIDA MUKHTAR SULTAN
QID No: 29123003376 Sex: Female
Mob: 77782659 Address: ALMURRA



Age: 32
Marital Status: 9 years
and's Name: Ahmad Abdulqader
le Phone: Residence Phone:

SYMPTOMS:

vaginal bleeding post abortion
at Ethiopia - 5 days back - NO EDS
2 infert. by 2 Y-S

Medical History: medically free PH. NA smoked FH. NA smoker

MENSTRUAL HISTORY:

Menarche: 12 Y-S L.N.M.P. 5/3/2
Menstrual Habits: irregular every
Menstrual Symptoms: Menopause:
Parity: P 1 Abortion 1 Ectopic LCB 7 Y-S



1



EXAMINATION

General Examination: Ht. 159 cm Wt. 64.5 Kg BMI was 90 kg
Kg/m² Bp 130/70 mm Hg
Language Barrier - Husband translator
well - cooperative

Chest, C.V.S. NAD

Abdomen: NAD

Breasts: -

PELVIC EXAMINATION:

Speculum Exam.

Bimanual Exam.

Rectal Exam.

Investigation Requested:

- CBC - BHCG requested
- TVS 2 - AVE uterus ET 3 - ovaries Normal Both
No FECDS

Diagnosis:

1 complete miscarriage
1 heavy period

Plan of Management:

BHCG & counselling + iron supplement

Next Appointment:

Name : Zubaida Mukhtar Sultan
Lab. No. : 332433057
Contract. : Dr. Layla Bashir
Patient No. : 2160-039038
File No. :

Sample Date : 11/06/2024 21:39 PM
Report Date : 11/06/2024 23:16 PM

this sample was collected outside lab

Branch : Qatar Waab Age : 32 Year Sex : Female

Chemistry Unit

Beta Human Chorionic Gonadotrophin

Test	Result	Unit	Ref. Range
Beta Human Chorionic Gonadotrophin	0.7	mIU/mL	Non pregnant : < 5.3 3 weeks: 5.8 - 71.2 4 weeks : 9.5 - 750 5 weeks: 217 - 7,138 6 weeks: 158 - 31,795 7 weeks: 3,697 - 163,563 8 weeks: 32,065 - 149,571 9 weeks : 63,803 - 151,410 10 weeks: 46,509 - 188,977 12 weeks: 27,832 - 210,612 14 weeks: 13,950 - 62,530 15 weeks: 12,039 - 70,971 16 weeks: 9,040 - 56,451 17 weeks: 8,175 - 55,868 18 weeks: 8,099 - 58,176

Comments

The result to be correlated with other clinical findings (date of LMP, result of pelvic exam, etc)

Reviewed By:

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

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Patient No. : 2160-039038
File No. :

Sample Date : 11/06/2024 21:39 PM
Report Date : 11/06/2024 22:06 PM

this sample was collected outside lab

Branch : Qatar Waab Age : 32 Year Sex : Female
Haematology Unit

Complete Blood Count - (CBC)

Test	Result	Unit	Ref. Range
Hemoglobin Level			
Hemoglobin	12.4	g/dL	12 - 15.5
Hematocrit	36.0	%	34.9 - 44.5
Red cell Count And indices			
Red cell count	4.33	$\times 10^{12}/L$	3.9 - 5.03
MCV	83.1	fL	81.6 - 98.3
MCH	28.6	pg	26.5 - 32.6
MCHC	34.4	g/dL	32 - 36
RDW	12.9	%	11.9 - 15.5
Leucocytic count (Total and Differential)			
Total Leucocytic Count	9.69	$\times 10^9/L$	3.6 - 10.5
Basophils absolute count	0.05	$\times 10^9/L$	0 - 0.2
Eosinophils absolute count	0.31	$\times 10^9/L$	0.01 - 0.5
Neutrophils absolute count	5.72	$\times 10^9/L$	1.7 - 7.5
Lymphocytes absolute count	3.02	$\times 10^9/L$	0.9 - 3.2
Monocytes absolute count	0.59	$\times 10^9/L$	0.2 - 1
Platelet Count			
Platelet Count	304	$\times 10^9/L$	150 - 450

Comments

Note: New Analyzer in Use Sysmex XN 550.
Count is within normal limits for age and sex. Platelets count is normal.

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[Signature]
Dr. Hisham El-Banawy
Anatomical & Clinical Pathology
Dr. Hisham El-banawy
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Verified By : Hisham El Banawy
Printed By: System

Page 1 Of 1

AM :Printed Date 08:49 12/06/2024

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Al Borg Medical Laboratories Co. Ltd. Doha - Qatar. Email: csv.qatar@alborgdx.com



Date 11 / 6 / 2024

New Patient Registration Form

Full Name ZABDA MUKTAR SUITAN الإسم الكامل

Date of Birth 1991 تاريخ الميلاد

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

Gender: ☐ Male / ذكر ☐ Female / أنثى Nationality

Occupation

I.D Number

Telephone No. (Home)

Mobile Number

Emergency Contact Person Ahmed Abou Kadir أقرب الأقارب

Emergency Contact Number 77782659 رقم هاتف

Address: Building No. 16 Zone No. 55 Street No. 738 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 039038



نموذج الموافقة المستنيرة

موافقة على العلاج الطبي

أوافق و أوجة الطبيب / الطبيبة 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.

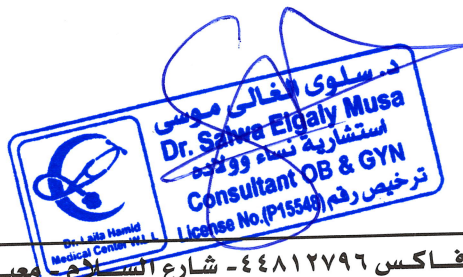
وقد قرأت ووافقت على نموذج الموافقة المستنيرة حسب تعليمات وزارة الصحة العامة.

اسم المريض / المريضة: ZEBDA MUKTAR

التاريخ: S u i T A n s

ملف رقم: 039038

التوقيع:



State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 29123003376 الرقم الشخصي:
D.O.B.: 11/12/1991 تاريخ الميلاد:
Expiry: 15/09/2025 الصلاحية:

اثيوبيا

Nationality: ETHIOPIA الجنسية:

Occupation: عاملة منزل المهنة:



الاسم: زبيدا سلطان

Name: ZEBDA MUKTAR SULTAN

Passport Number:

EP7062531

Passport Expiry:

12/06/2027

Serial No:

30129123003376

Residency Type:

عمل

Employer:

حمد عبد غفوص

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

توقيع حامل البطاقة

Holder's signature

رقم جواز السفر:

تاريخ انتهاء الجواز:

الرقم المسجل:

نوع الرخصة:

المستقدم:



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