مركز د ليلى حامد الطبي
DR. LEILA HAMID MEDICAL CENTER

File No.: 038420 Nationality: Q

GYNAECOLOGICAL SHEET

DR. LEILA HAMID MEDICAL CI
File No: 038420
NAME: ALANOUD AYED AL QAHTANI
ID NO: 30363404196 SEX: FEMALE
MOB: 51333119 ADRESS: AL WAKRA

Age: 20 yrs
Marital Status: 3 month
Husband's Name: Saad Hamad Alhajri
Mobile Phone: Residence Phone:

SYMPTOMS:

aborted on 23-2-24
- came for post abortion check up - she was aborted at 5wks, blighted ovum, given cytotec orally.

Medical History: medically free P.H. Non F.H. M (DM).

MENSTRUAL HISTORY:

Menarche: 14 yrs L.N.M.P 17-1-24.
Menstrual Habits: regular last for 5 days every month.
Menstrual Symptoms: ass c̄ dysmenorrhea Menopause:
Parity: P 0 Abortion 1 Ectopic LCB

♀ ♂

EXAMINATION

General Examination: Ht. 154 cm Wt. 54 Kg BMI Kg/m² Bp 110/70 mm Hg 36.4°
not - cooperative - not pale. 74/m 18/m

Chest, C.V.S.
Abdomen: NAD
Breasts: Not examined.

PELVIC EXAMINATION:

Speculum Exam.
Bimanual Exam. not done.
Rectal Exam.

Investigation Requested:
T.U.S = A/V normal size empty uterus ET 5.9 mm
normal ovaries c̄ Rt leading follicle 15 mm & left leading follicle 15.3 mm, no cyst - no FFCDs.

Diagnosis:
Δ Post abortion check up.

Plan of Management:
Pt reassured - Rx given

Next Appointment:

DR. LEILA H. MEDICAL CENTER W.L.L.
Tel. 44817651/ 44817652 - Fax: 44812796
Al Salam Street - North Muaither
Villa No.: 80 & 82

مركز د. ليلى حامد الطبي ذ.م.م.
تليفون: ٤٤٨١٧٦٥١ / ٤٤٨١٧٦٥٢ - فاكس: ٤٤٨١٢٧٩٦
شارع السلام - معيذر الشمالي
فيلا رقم: ٨٠ و ٨٢

Prescription وصفة طبية

No

02 MAR 2024

Date: ..... التاريخ:

Patient's name: Alanoud Ayed ..... إسم المريض:

File No.: 038420 ..... رقم الملف:

Age: 20 yrs . Δ post abortain ..... العمر:

Rx

Folic Acid tabs 400 mcgm
حبة يومياً بعد الفطور
لمدة شهر

Doctor's signature: .....

Email: dr.leilamedcenter@gmail.com
Mobile: 55868523