File No.: 037847 Nationality: Q

GYNAECOLOGICAL SHEET

DR. LEILA HAMID MEDICAL CI
File No: 037847
NAME: LAYYAN SAEED ALSHAHRANI
ID NO: 29068200481 SEX: FEMALE
MOB: 77577044 ADRESS: ALMERADH

Age: 34yrs
Marital Status: 11yrs
Husband's Name: Fayez Ali Alshaharani
Mobile Phone: Residence Phone:

SYMPTOMS: her husband used condom for Contraception
No v. discharge + Pelvic pain, smelling
Fishy → 2wks

Medical History: Food allergy (thyroxin 100mg) **P.H.** / **F.H.** DM

MENSTRUAL HISTORY:

Menarche: ~~15~~ 16 yrs **L.N.M.P** 11-2-24
Menstrual Habits: Regular (Monthly for 5days)
Menstrual Symptoms: None **Menopause:**
Parity: P 4 **Abortion** 0 **Ectopic** **LCB** 2yr
♀ 3 ♂ 1 all NVD

EXAMINATION

General Examination: Ht. 163 cm Wt. 67.4 Kg BMI Kg/m² Bp 110/70 mm Hg
Looks ♀ No acne
Chest, C.V.S.
Abdomen: / NAD
Breasts: Not examined

PELVIC EXAMINATION:
Speculum Exam. UA- Co-genital CX- Normal
Bimanual Exam. Yellow discharge Normal vulva
Rectal Exam.

Investigation Requested:

Diagnosis: Vaginitis

Plan of Management: Rx

Next Appointment:

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

مركز د. ليلى حامد الطبي ذ.م.م

OUTPATIENT ASSESSMENT FORM

DATE: 2-12-23 TIME: 19:00

File No: 037847

Name: Leyan Saeed Sex : F Nationality: Q Age: 33

Occupation: LCB Marital Status : married

QID. No: 29068200481 Husband's / Wife's Name: Faye2

Address: Almordh Mobile No: 55297529 Residence Phone:
77577044

Pulse	BP	Temperature	Respiratory Rate:	Weight Height	Pain Score	Head Circum (Pedia)	Nurse ID/Signature

Presenting complain and duration : pimples Kface
News Kface.

History of Present Illness :

Allergies: ☐ Medication ☐ No ☐ Yes ☐ Food ☐ No ☐ Yes

Others If Yes, Specify:

Past History (Medical / Surgical / Psychological): ☐ No ☐ Yes If Yes Specify

Review Of Systems: ☐ Not Significant ☐ Significant_Specify:

Family History: ☐ No ☐ Yes If Yes Specify

Current Medications: ☐ No ☐ Yes If Yes Specify

1. 4. 7.

2. 5. 8.

DATE	FOLLOW UP	NEXT VISIT
26 FEB 2024	FACE HAIR BLEACHING SPECTRA LASER.	
9/3/24	Amelan mask.	
	HMC	

د. هدى أحمد منيب
Dr. Hoda Ahmed Moneib
أمراض جلدية
Dermatology
License No.(TP124719) ترخيص رقم

Dr. Laila Hamid Medical Center W.L.L

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

Date: 26-2-24 التاريخ:

Patient's name: Leyan Saeed إسم المريض:

File No.: 037347 رقم الملف:

Age: 33 العمر:

℞

R/ Dermovate cream (1)
Trecrimus oint
(2)

R/ Trecrimus oint

R/ Pigmentclar (Louis Widmer)

Doctor's signature:

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

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شارع السلام - معيذر الشمالي
فيلا رقم: ٨٠ و ٨٢

Prescription وصفة طبية

No

Date: 26 FEB 2024 التاريخ:

Patient's name: Layyan saeed إسم المريض:

File No.: 037847 رقم الملف:

Age: 34 yrs العمر: vagina

Rx

- Yenlip vag. Pess 1x1x3d then wkly

Doctor's signature:

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