



File No.: 037847

Nationality: Q

GYNAECOLOGICAL SHEET

DR. LEILA HAMID MEDICAL CL

File No: 037847

NAME: LAYYAN SAEED ALSHAHRANI

ID NO: 29068200481

MOB: 77577044

SEX: FEMALE
ADDRESS: ALMERADH

Age: 34 yrs

Marital Status: 11 yrs

band's Name: Fayer Al Alshahrani

Mobile Phone: Residence Phone:

SYMPTOMS:

her husband used condom for Contraception
no v discharge + pelvic pain, smelling
fishy → 2 wks
Food allergy (Thyroxin 100mg)
Medical History: P.H. / F.H. DM

MENSTRUAL HISTORY:

Menarche: -15 X

Menstrual Habits: Regular

Menstrual Symptoms: Normal

Parity: P 4

Abortion 0

Ectopic

LCB 2/L

♀ 3

♂ 1

EXAMINATION

General Examination: Ht. 163 cm Wt. 67.4 Kg BMI Kg/m² Bp 110/70 mm Hg

Chest, C.V.S.

Abdomen: / NAD

Breasts: Not examined

PELVIC EXAMINATION:

Speculum Exam. UN - co - qu - Live CX - Normal

Bimanual Exam. Yellow discharge Normal vulva

Rectal Exam.

Investigation Requested:

Diagnosis: Vaginitis

Plan of Management: Rf

Next Appointment:



OUTPATIENT ASSESSMENT FORM

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

File No: 037847

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

Occupation: LCB Marital Status: married

QID. No: 29068200481 Husband's / Wife's Name: Faye?

Address: Almerdh Mobile No: 55297529 Residence Phone: 77577044

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

pimples face
New face.

History of Present Illness :

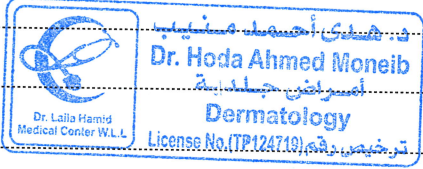
Allergies: ☐ Medication ☐ No ☐ Yes ☐ Food ☐ No ☐ Yes

Others If Yes, Specify:

Past History (Medical / Surgical / Psychological): ☐ No ☐ Yes If Yes SpecifyReview Of Systems: ☐ Not Significant ☐ Significant Specify:Family History: ☐ No ☐ Yes If Yes SpecifyCurrent Medications: ☐ No ☐ Yes If Yes Specify

1. 4. 7.

2. 5. 8.

DATE	FOLLOW UP	NEXT VISIT
26 FEB 2024 9/3/24	FACE HAIR BLEACHING SPOTX LAEK. Amelan mark. HM 	



وصفة طبية Prescription

Nº

Date: 26-2-24 التاريخ:
Patient's name: Leyan Saeed اسم المريض:
File No.: 037847 رقم الملف:
Age: 33 العمر:

Rx

R₁ Dermovate cream ①
Trecrimus oint
دواء كورتاجين ②

R₁ Trecrimus oint
دواء كورتاجين ②
AM

R₁ Pigmentlar (Lorus
Widmer)
دواء لورس ويدمر

Doctor's signature:

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

وصفة طبية Prescription

Nº

26 Feb 2024

Date: التاريخ:

Patient's name: Layyan saeed اسم المريض:

File No.: 037847 رقم الملف:

Age: 34 yrs العمر: 34 years / vaginitis

Rx

- Yentip vag. Pills 1x1x3d
then wklly

Doctor's signature:

Email: dr.leilamedcenter@gmail.com

Mobile: 55868523