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

مركز د. ليلى حامد الطبي ذ.م.م

OUTPATIENT ASSESSMENT FORM

DATE: 4-8-21 TIME: 11:30

File No: 00340

Name: Noora Rashid Sex : F Nationality: Q Age: 31 Years

Occupation: ..... LCB ..... Marital Status : .....

QID. No: 28263402245 Husband's / Wife's Name: .....

Address: Maitha Mobile No: 55696996 Residence Phone: .....

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

Presenting complain and duration : .....

Face hair Bleaching

History of Present Illness : .....

NO complain of 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. .....

PRIVATE CLINIC

DR. LEILA HAMID HASSAN

File No 003410

GYNAECOLOGICAL SHEET

Nationality : Q

NAME Noora Rashid Nasser ALmerezeeq AGE 31yrs

OCCUPATION Employee MARRITAL STATE 9yrs

20 ♂ 19 ♀ PARITY P_3 + 0 LCB Abdulla Mohammed Almarri

ADDRESS Maezer 28/12 TEL. 55696996

SYMPTOMS : vaginal disch c coital pain
pelvic pain & backache, no fever
itching on & off, use natural methods of contraception

MEDICAL HISTORY Nsn P. H. Nsn F. H.

MENSTRUAL HISTORY :

Menarche 16 L.M.P. 20-2-2013

Menstrual Habits monthly usually for 6 days, rarely for 8 days

Menstrul Symptoms Menopause

EXAMINATION

GENERAL EXAM. Ht 162 cm Wt. 64.6 kg BMI kg/m² Bp 120/70 mmHg
normal g look, good personal hygiene

Chest, C.V.S NAD

Abd NAD

Breasts not examined, look normal

PELVIC EXAM. :

Speculum Exam. S/F frothy disch ++ creamy, not smelly

Bimanual Exam. excitation -ve, uterus not tender

Rectal Exam. adnexae free

INVESTIGATIONS REQUESTED Ut AVF c regular contour endmet GA
14 mm Rt ov. NL Neich Lt bulkier low reserve

DIAGNOSIS Ch. vaginitis

PLAN OF MANAGEMENT

appoint

DATE	FOLLOW UP	NEXT VISIT
16-3-24	Face & neck hair bleaching spectra Laser	

مختبرات مايكروهيلث

Micro Health Laboratories

.....for precious life

TEST RESULT REPORT

Patient Name : Ms.NOORA RASHID AL MEREZEEQ (003410)
Lab ID : 1101779

Sample Collected at : At Lab Age : 31 Sex : Female
Entrance Date : 12/11/2013 12:11:48PM

Referred By : Dr Leila Bashir - Dr . Leila H H Bshir Medical Center
Exit Date : 12/11/2013 01:33:10PM

IMMUNOLOGY

TEST NAME	RESULT	REFERENCE RANGE
HbsAg (Screening)	Negative	Negative

Dr. Souha Salamor (MD,MSc)
Clinical Pathologist

مختبرات مايكرو هيلث
Micro Health Laboratories
.....for precious life

TEST RESULT REPORT

Patient Name : Ms.NOORA RASHID AL MEREZEEQ (003410) Lab ID : 1 1 0 1 7 7 9
Sample Collected at : At Lab Age : 31 Sex : Female Entrance Date : 12/11/2013 12:11:48PM
Referred By : Dr Leila Bashir - Dr . Leila H H Bshir Medical Center Exit Date : 12/11/2013 01:32:55PM

COMPLETE BLOOD COUNT

TEST NAME	RESULTS	REFERENCE RANGE	UNIT
WBC Count	5.34	4.5 - 11	10(3)/ul
RBC Count	4.44	Male 4.2 - 6.2 / Female 3.5 - 5.4	10(6)/ul
Hemoglobin	11.7	Male 13 - 18 / Female 12 - 16	gm/dl
HCT	35.2	Male : 40 - 50 / Female : 37-47	%
MCV	79.4	76 - 96	fl
MCH	26.4	27 - 32	pg
MCHC	33.2	32 - 36	g/dl
PLT	206	150 - 450	10(3)/ul
Lymphocytes	25	20 - 45	%
Monocytes	06	2 - 10	%
Neutrophils	64	40 - 70	%
Eosinophils	05	1 - 6	%
Basophils	00	0 - 2	%
MPV	7.3	7 - 11	fl
RDW - CV	16.9	11.5 - 14.5	%
RDW - SD	57.9	35 - 56	fl

Dr. Souha Salamor (MD,MSc)
Clinical Pathologist

QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners

State of Qatar
MINISTRY OF PUBLIC HEALTH

"e-Jaza" – "Sick Leave"	"إجازة – "إجازة مرضية
Dr. LEILA H MEDICAL CENTER	

Ref No. : 2552997
Date : Feb 14, 2018

Patient Details — بيانات المريض

QID / Passport No.	28263402245	رقم البطاقة الشخصية/ جواز السفر
Name	NOORA RASHID AL-MERAIZEEQ	الإسم
Place of Work	BALADIYA	مكان العمل

Primary Diagnosis : التشخيص المبدئي:

P4, NINE (NINE) WEEKS PREGNANT, BONE-ACHE .

Unfit For (1) day(s) غير لائق لمدة (1) يوم/أيام

From 14/02/2018 to 14/02/2018 من 14/02/2018 إلى 14/02/2018

Practitioner Details — بيانات الممارس

Name	Eman Said Eladawy	الإسم
Licence No.	P10949	رقم الترخيص الطبي
Scope of Practice	Specialist(Obstetrics & gynecology)	نطاق العمل

Eman Said
د. إيمان العدوي
Dr.Eman Eladawy
أخصائية نساء وولادة
Specialist(Obstetrics & Gynecology)
DR. LEILA HAMID MEDICAL CENTER W.L.L
Authorized practitioner stamp
توقيع وختم الممارس

مركز د/ ليلى حامد الطبي ذ.م.م
Dr. LEILA HAMID MEDICAL CENTER W.L.L
Authorized facility stamp
ختم المنشأة

Notes

- Certificate is valid only if it is signed and stamped by the concerned healthcare practitioner and facility
- **Certificate is invalid if any corrections are made, Please scan QR Code for checking details.**
- **Certificate is issued at patient's request.**
- **Certificate must be submitted to patient's organization within 7 days.**
- **Document number (QID/Passport no.) should correspond to the patient**
- **Residents and nationals should provide a QID no. otherwise sick leave is invalid.**

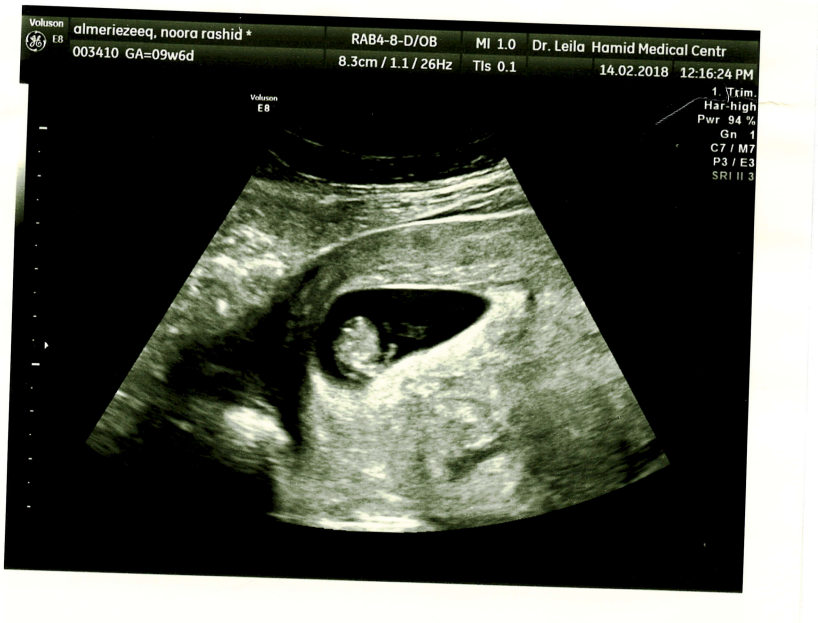
Noora

ID#
832

GLU NEGATIVE
BIL NEGATIVE
KET NEGATIVE
SG 1.010
BLO NEGATIVE
pH 6.0
PRO NEGATIVE
URO 0.2
NIT NEGATIVE
LEU NEGATIVE

KET Negative
SG >=1.030
BLO Negative
pH 5.5
PRO Negative
URO 0.2 E.U./dL
NIT Negative
LEU Negative

pH 7.0
PRO Negative
URO 0.2 E.U./dL
NIT Negative
LEU Small



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: 04.08.21 التاريخ:

Patient's name: Noora Rashid إسم المريض:

File No.: 002410 رقم الملف:

Age: العمر:

Rx

Fucidin cream BID 5 days

Doctor's signature:

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