



STATUS OF INVOICES DETAILS
CREDIT

F/No. : 186503 Badge #
 P/Name : ESSA HADOR MOHAMMED JAFARY
 C/Name : INS-1009-1977 BUPA - SINOPEC E & C MEDDLE EST (10785)
 D/Name : ALY 1515 / OPERATION ROOM

ROOM : S2518
 BILL : 189819/1
 ADM : 08-01-2018 04:55
 DCH : 22-01-2018 18:24
 LOS : 15

DEP	SER NO	DESCRIPTION	QTY	U.PRICE	GROSS	DISC	Net	VAT	TOTAL
PK	2535	OPEN REDUCTION W/INT.FIXATION FRACTURE TIBIA/FIBULA	1	13600	13,600.00	3,400.00	10,200.00	510.00	10,710.00
R&B	141895	ACCOMMODATION SEMI-PRIVATE ROOM PER DAY	9	298	1,490.00	596.00	894.00	44.70	938.70
R&B	141900	ACCOMMODATION INTENSIVE CARE UNIT (ICU)	10	1530	15,300.00	6,120.00	9,180.00	459.00	9,639.00
R&B	141913	NURSING CARE PER DAY	11	85	935.00	374.00	561.00	28.05	589.05
R&B	141918	DISPOSABLES REGULAR ROOM	3	170	510.00	204.00	306.00	15.30	321.30
R&B	141919	DISPOSABLES I.C.U	10	595	5,950.00	2,380.00	3,570.00	178.50	3,748.50
ER	141932	VENTILATOR FOR 24 HRS.	2	1105	2,210.00	884.00	1,326.00	66.30	1,392.30
WS	142220	VENTILATOR (HIGH FREQUENCY)/DAY	3	1105	3,315.00	1,326.00	1,989.00	99.45	2,088.45
ER	142389	INFUSION PUMP PER DAY	15	102	1,530.00	612.00	918.00	45.90	963.90
ER	142390	PERIPHERAL I.V CANNULATION	1	43	43.00	17.20	25.80	1.29	27.09
ER	142396	ENDOTRACHEAL INTUBATION	1	170	170.00	68.00	102.00	5.10	107.10
ER	142397	ENDOTRACHEAL TUBE SUCTIONING/DAY	4	43	172.00	68.80	103.20	5.16	108.36
ER	142404	NASOGASTRIC TUBE INSERTION	1	153	153.00	61.20	91.80	4.59	96.39
ER	142416	I.V. FLUIDS 500CC	19	85	1,615.00	646.00	969.00	48.45	1,017.45
CRD	142478	CARDIAC MONITORING/ 24 HOURS	10	213	2,130.00	852.00	1,278.00	63.90	1,341.90
CRD	142485	CENTRAL VENOUS LINE CATHETERIZATION	1	2125	2,125.00	850.00	1,275.00	63.75	1,338.75



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VAT Register No: 300049511600003
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 C/Name : INS-1009-1977 BUPA - SINOPEC E & C MEDDLE EST (10785)
 D/Name : ALY 1515 / OPERATION ROOM

ROOM : S2518
 BILL : 189819/1
 ADM : 08-01-2018 04:55
 DCH : 22-01-2018 18:24
 LOS : 15

DEP SER NO	DESCRIPTION	QTY	U.PRICE	GROSS	DISC	Net	VAT	TOTAL
INT 142506	CHEST PHYSIOTHERAPY PER SESSION	9	43	387.00	154.80	232.20	11.61	243.81
ER 142801	OXYGEN INHALATION FOR 24 HRS.	3	425	1,275.00	510.00	765.00	38.25	803.25
ER 142808	GLUCOMETER TEST ONE TOUCH	9	26	234.00	93.60	140.40	7.02	147.42
OPR 1M1868	5.0 LOCKING SCREW ALL SIZES	4	600	2,400.00	0.00	2,400.00	120.00	2,520.00
OPR 1M1897	TIBIAL NAIL ALL SIZES	1	5100	5,100.00	0.00	5,100.00	255.00	5,355.00
LAB B00100	ACTIVE PARTIAL THROMBOPLASTIN TIME(APTT)	1	102	102.00	40.80	61.20	3.06	64.26
LAB B00237	ARTERIAL BLOOD GASES (ABG)	1	213	213.00	85.20	127.80	6.39	134.19
LAB B00313	BLOOD GROUP & RHD TYPING	1	60	60.00	24.00	36.00	1.80	37.80
LAB B00402	CBC (COMPLETE BLOOD COUNT)	12	102	1,224.00	489.60	734.40	36.72	771.12
LAB B00487	CREATINE (SERUM)	1	64	64.00	25.60	38.40	1.92	40.32
LAB B00489	CREATINE KINASE (CK)	9	72	648.00	259.20	388.80	19.44	408.24
LAB B00494	CROSS MATCHING I U PRBC / WB	7	128	896.00	358.40	537.60	26.88	564.48
LAB B00611	ELECTROLYTES (NA, K, CL) SERUM	1	213	213.00	85.20	127.80	6.39	134.19
LAB B01244	PROTHROMBIN TIME (PT) / INR	2	85	170.00	68.00	102.00	5.10	107.10
LAB B01327	RENAL (KIDNEY) FUNCTION TESTS (BUN, CR, NA, K, CL & URIC ACID)-PROFILE	1	425	425.00	170.00	255.00	12.75	267.75
LAB B01375	SERUM CREATININE	7	64	448.00	179.20	268.80	13.44	282.24

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DEP SERNO	DESCRIPTION	QTY	U.PRICE	GROSS	DISC	Net	VAT	TOTAL
LAB B01384	SERUM MAGNESIUM (MG++)	7	64	448.00	179.20	268.80	13.44	282.24
LAB B01387	SERUM POTASSIUM (K+)	8	64	512.00	204.80	307.20	15.36	322.56
LAB B01388	SERUM SODIUM (NA+)	8	64	512.00	204.80	307.20	15.36	322.56
LAB B01396	SICKLE CELL SCREEN	1	102	102.00	40.80	61.20	3.06	64.26
LAB B01526	SERUM UREA	6	60	360.00	144.00	216.00	10.80	226.80
LAB B01528	UREA NITROGEN	1	68	68.00	27.20	40.80	2.04	42.84
LAB B01593	VENOUS BLOOD GASES	12	213	2,556.00	1,022.40	1,533.60	76.68	1,610.28
LAB B02613	(INFECTION CONTROL PROFILE) PR OPERATIVE INVESTIGATIONS (HIV 12-Hbs AB-HCV AB)	1	85	85.00	34.00	51.00	2.55	53.55
RAD D00010	ULTRASOUND-ABDOMEN & PELVIS	1	510	510.00	204.00	306.00	15.30	321.30
RAD D00055	CHEST (ONE VIEW)	1	102	102.00	40.80	61.20	3.06	64.26
RAD D00076	C.T-BRAIN	2	500	1,000.00	0.00	1,000.00	50.00	1,050.00
RAD D00077	C.T-CERVICAL SPINES	1	500	500.00	0.00	500.00	25.00	525.00
RAD D00089	C.T-LUMBAR SPINES	1	500	500.00	0.00	500.00	25.00	525.00
RAD D00099	C.T-PELVIS	1	500	500.00	0.00	500.00	25.00	525.00
RAD D00107	C.T-DORSAL SPINES	1	500	500.00	0.00	500.00	25.00	525.00
RAD D00123	ANKLE/FOOT (TWO VIEWS)	1	128	128.00	51.20	76.80	3.84	80.64
RAD D00154	KNEE JOINT (TWO VIEWS)	1	153	153.00	61.20	91.80	4.59	96.39

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RAD D00287	TIBIA/FEebULA (TWO VIEWS)	1	153	153.00	61.20	91.80	4.59	96.39
RAD D01120	CHEST X RAY PORTABLE	4	213	852.00	340.80	511.20	25.56	536.76
RAD D01171	PELVIS A.P (ONE VIEW)	1	128	128.00	51.20	76.80	3.84	80.64
RAD D1239	COLOURED DOPPLER PERIPHERAL VEINS (ONE LIMBS)	1	1275	1,275.00	510.00	765.00	38.25	803.25
MD 401-149-10	METRONIDAZOLE 500 MG/100 ML VIAL	13	20	260.00	18.20	241.80	0.00	241.80
MD 14-95-05	PANTOZOL 40MG IV. VIAL	1	33.3	33.30	2.33	30.97	0.00	30.97
MD 8-278-04	PERFALGAN 1000 MG INFUSION	11	25	275.00	19.25	255.75	0.00	255.75
MD 43-277-98	TRIAxONE IM 500 MG VIAL	4	36.35	145.40	10.18	135.22	0.00	135.22
MD 1-1042-1998	ENSURE 10 G 250ML SOLUTION	18	7	126.00	8.82	117.18	5.86	123.04
MD 6-468-15	FENTANYL 100 MCG / 2ML AMPOULE	36	10	360.00	25.20	334.80	0.00	334.80
MD 150-212-01	KLAVOX 1 G 14 TABLET	14	5.0464	70.65	4.95	65.70	0.00	65.70
MD 188-186-02	RISEK 40 MG VIAL	5	25	125.00	8.75	116.25	0.00	116.25
MD 188-186-02	RISEK 40 MG VIAL	2	30.1	60.20	4.22	55.98	0.00	55.98
MD 49-368-03	VOLTIC 75MG/ 3ML AMP.	2	4.61	9.22	0.65	8.57	0.00	8.57
MD 29-237-97	PHENYTOIN 250MG-5ML AMP	24	40	960.00	67.20	892.80	0.00	892.80
MD 66-368-04	VOLTIC 50 MG 20 TABLET	20	.9475	18.95	1.33	17.62	0.00	17.62
MD 23-883-19	CLEXANE 40 MG/ 4 ML PREFILLED SYRINGE	10	39.65	396.50	27.78	368.72	0.00	368.72



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DEP SERNO	DESCRIPTION	QTY	U.PRICE	GROSS	DISC	Net	VAT	TOTAL
MD 6-277-96	EZLAX 84 G/300 ML SYRUP	2	18.45	36.90	2.58	34.32	0.00	34.32
MD 130-186-01	ENOXIRT IM 1000 MG VIAL	15	53.4	801.00	56.10	744.90	0.00	744.90
MD 57-15-97	PULMICORT 0.5MG/ML NEBULISER SOLUTION	9	6.52	58.68	4.12	54.56	0.00	54.56
MD 91-334-04	CEFAXON 500MG IM VIAL	11	29.3	322.30	22.55	299.75	0.00	299.75
MD 252-186-08	SALURIN 10 MG/ ML 2ML/ AMPOULE	6	10	60.00	4.20	55.80	0.00	55.80
MD 153-172-06	MIDAZOLAM 1.5MG/3ML AMP	17	6.15	104.55	41.82	62.73	3.13	65.86
CON N00028	CONSULTATION FEE-INPATIENT (SPECIALIST)	11	35	385.00	154.00	231.00	11.55	242.55
TOTAL ==>				80,659.65	24,664.63	55,995.02	2,614.07	58,609.09



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DEP SER NO	DESCRIPTION	QTY	U.PRICE	GROSS	DISC	Net	VAT	TOTAL
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SUMMARY :-

Description	GROSS	NET	VAT	TOTAL
CONSULTATION	385.00	231.00	11.55	242.55
CARDIOLOGY	4,255.00	2,553.00	127.65	2,680.65
EMERGENCY ROOM	7,402.00	4,441.20	222.06	4,663.26
INTERNAL MEDICINE	387.00	232.20	11.61	243.81
LABORATORY	9,106.00	5,463.60	273.18	5,736.78
MEDICINE CATEGORY	4,223.65	3,893.42	8.99	3,902.41
OPERATION ROOM	7,500.00	7,500.00	375.00	7,875.00
PACKAGES	13,600.00	10,200.00	510.00	10,710.00
ROOM&BOARD	24,185.00	14,511.00	725.55	15,236.55
RADIOLOGY	6,301.00	4,980.60	249.03	5,229.63
WARD SERVICES	3,315.00	1,989.00	99.45	2,088.45
TOTAL BILL	80,659.65	55,995.02	2,614.07	58,609.09
DEPOSITS				0.00
REFUND				0.00
NET BALANCE TO BE PAID				58,609.09

BILL AGREEMENT	
07 % DISCOUNT ON PHARMACY	
25% DISCOUNT ON PACKAGES.	
40% DISCOUNT ON SERVICES WITHOUT MRI,CT	
40% DISCOUNT ON SHARED ROOM	
NIL DISCOUNT ON MRI & CT SCAN	



Customer Service Tel No. 800 244 0307

Preauth Request # : 29326475 Reply Letter Ready Attached to Claim ^

Follow-Up Request

Cancellation Request

Renewal Request

Provider Name: Al Hayah National Hospital - Jazan
اسم مزود الخدمة:

Insured Name: Essa Hadwar Mohammed Jafari
اسم المؤمن عليه:

ID. Card: 1080849753
رقم الهوية الوطنية / الإقامة

Insurance Co: Bupa Arabia
شركة التأمين: بوبا العربية

Age: 30
العمر: الجنس: M

Policy Holder: SINOPEC ENGINEERING (GROUP) SAUDI CO.LTD
صاحب الوثيقة:

Patient File No.: 186503
رقم ملف المريض:

Dept: General
القسم: رقم العقد: Policy No.: 14827586

Class: Sinopec Engineering Group - Staff
درجة التغطية:

Provider Fax No.: 0173227299
رقم فاكس مزود الخدمة:

Date of Visit: 29/01/2018
تاريخ الزيارة: Expiry Date: 31/05/2018
تاريخ انتهاء التغطية:

Reference to your pre-authorization request (page 1) for our member (details listed above). We, Bupa Arabia replying on the membership and limited medical information supplied provided in your request took the decision mentioned below:

إشارة إلى طلب الموافقة الخاص بكم (صفحة 1) لعميلنا صاحب التفاصيل المذكورة أعلاه، وبناءً على المعلومات الطبية المحدودة والمقدمة من قبلكم، قررنا نحن بوبا العربية إتخاذ القرار المذكور أدناه

Pre-authorization Status:
حالة طلب الموافقة:

Attached to Claim

Approval No.: 29326475
رقم الموافقة:

Privacy - Terms

Comments:

ملاحظات:

Approval 28/02/2018

Validity:

مدة صلاحية الموافقة:

Room Type:

نوع الغرفة:

Shared Room

Service Required:

Service Code	Supply Period	Supply From	Supply To	Service Description وصف الخدمة	Qty كمية	Notes ملاحظات
رمز الخدمة	مدة الخدمة	من تاريخ	الى تاريخ	confirm ORIF AS P/D	0	Approved <input type="checkbox"/>

Additional Comments

ملاحظات اضافية

Insurance Officer

مسؤول التأمين

IBM Service User

Date & Time

لوقت والتاريخ:

29/01/2018 10:30:28

Above decision based on the information received:**Member Detail**

Member Name: Essa Hadwar Mohammed Jafari
 Card Issue No: 3
 Mobile No: 0550785559
 Membership No: 14827586
 Member Id/Iqama
 Patient File No:
 Contract No: 10785400
 Verification ID: 0

Provider Detail

Provider Code: 22965
 Physician Name: dr mohammd saber
 Fax No: 0173227299

Treatment Detail

Chief Complaints and main symptoms
 Diagnosis Code: V87
 Diagnosis Desc: Traffic accide specified typ mode of tran un
 Treatment Type: I
 Date of Admission: 29/01/2018
 Quantity: 1
 Department
 Length of Stay: 15
 Estimated: 24000

Privacy - Terms

Type	Stay:	Amount:
Last Menstrual Period in Hijri	Expected Delivery in Hijri	
Last Menstrual Period in Gregorian	Expected Delivery in Gregorian	

Maternity Detail

Exemptions	Referral: N	Chronic: N
RTA	Infertility: N	Work Related:
Gravida	Para:	Live:
Possible line of treatment	PLS CHECK ALL ATTACHED FILES for UPDATE THE OPERATION DONE TO THE PATIENT	
Check-up	Congenital:	Psychiatric:
Vaccination	Blood Pressure:	Pulse:
Maternity Type	Abortion:	Death:
	Temperature:	Duration of Illness:

ServiceCode	SupplyPeriod	SupplyFrom	SupplyTo	Referral	ServiceDescription
				N	CODE: OT178057: ORIF TIBIA WITH INTERLOCKING

Diagnosis Code**Diagnosis Description**

V87

Traffic accident of specified type but victim's mode of transport unknown

Kindly note: This approval is subject to the terms and conditions of the signed agreement including agreed package prices and price list and the customer policy limits and exclusions. Further, BUPA Arabia confirms cover for the member's treatment as specified in the coverage details field based on the limited information supplied to us during pre-authorization. BUPA Arabia reserves the right to fully or partially deny the payment for any of the above treatment during the claim processing stage in case one of the following reasons (which does not constitute a numerous clauses of events) becomes apparent:

1. If the diagnosis, treatment or any other material fact alters from those disclosed during pre-authorization

يرجى الملاحظة أن هذه الموافقة تخضع لشروط وأحكام الاتفاقية الموقعة بين الطرفين بما في ذلك أسعار الاتفاقية الشاملة المتفق عليها ، وقوائم الأسعار بما في ذلك حدود تغطية العملاء والاستثناءات. كذلك، تؤكد بوبا العربية تغطيتها لعلاج العضو بما تم ادراجه في خانة الحالات المدرجة ضمن التغطية إستناداً الى المعلومات المحدودة والتي تم إفادتنا بها خلال طلب الموافقة على الخدمات الطبية. تحتفظ بوبا العربية بحق الرفض الكلي او الجزئي بخصوص سداد تكاليف الخدمات الطبية عند المطالبة بها اذا ما توفر أحد الاسباب التالية (التي لا تشكل بيده من الأحداث) :

اذا كان التشخيص او العلاج او اي حقائق اخرى مخالفة لما ورد في طلب الموافقة.

Privacy - Terms

2. If the line of treatment is not according to internationally recognised medical standards and in line with the M.O.H approved practices
3. In case of forgery

- o عدم تطابق أو توافق العلاج أو الخدمة الطبية الممنوحة مع المعايير المتعارف عليها دوليا أو مخالفته لما نصت عليه لوائح وقوانين وزارة الصحة السعودية.
- o في حالة الاحتيال أو التزوير.

Saudi Medical Insurance Standardization - United Claim & Approval Form (SMIS-UCAF 1.0)



Customer Service Tel No. 800 244 0307

Preauth Request # : 29326475 Reply Letter Ready Attached to Claim

Follow-Up Request

Cancellation Request

Renewal Request

Provider Name: Al Hayah National Hospital - Jazan
اسم مزود الخدمة:

Insured Name: Essa Hadwar Mohammed Jafari
اسم المؤمن عليه:

ID. Card: 1080849753
رقم الهوية الوطنية / الإقامة

Insurance Co: Bupa Arabia
شركة التأمين: بوبا العربية

Age: 30
العمر:

Sex: M
الجنس:

Policy Holder: SINOPEC ENGINEERING (GROUP) SAUDI CO.LTD
صاحب الوثيقة:

Patient File No.: 186503
رقم ملف المريض:

Dept: General
القسم:

Policy No.: 14827586
رقم العقد:

Class: Sinopec Engineering Group - Staff
درجة التغطية:

Provider Fax No.: 0173227299
رقم فاكس مزود الخدمة:

Date of Visit: 29/01/2018
تاريخ الزيارة:

Expiry Date: 31/05/2018
تاريخ انتهاء التغطية:

Reference to your pre-authorization request (page 1) for our member (details listed above). We, Bupa Arabia replying on the membership and limited medical information supplied provided in your request took the decision mentioned below:

إشارة إلى طلب الموافقة الخاص بكم (صفحة 1) لعميلنا صاحب التفاصيل المذكورة أعلاه، وبناءً على المعلومات الطبية المحدودة والمقدمة من قبلكم، قررنا نحن بوبا العربية إتخاذ القرار المذكور أدناه

Pre-authorization Status:
حالة طلب الموافقة:

Attached to Claim

Approval No.: 29326475
رقم الموافقة:

Privacy - Terms

Comments:

ملاحظات:

Approval 21/02/2018
 Validity:
 مدة صلاحية الموافقة:
 Room Type: Shared Room
 نوع الغرفة:

Service Required:

Service Code	Supply Period	Supply From	Supply To	Service Description	Qty	Notes
رمز الخدمة	مدة الخدمة	من تاريخ	الى تاريخ	وصف الخدمة	كمية	ملاحظات
				FOR TOTAL 15 DAYS IN ICU	1	Approved

Additional Comments

ملاحظات اضافية

Insurance Officer
مسؤول التأمين

IBM Service User

Date & Time
لوقت والتاريخ:

22/01/2018 20:56:21

Above decision based on the information received:**Member Detail**

Member Name: Essa Hadwar
 Mohammed Jafari
 Card Issue No: 3
 Mobile No: 0550785559
 Membership No: 14827586
 Member Id/Iqama
 Patient File No:
 Contract No: 10785400
 Verification ID: 0

Provider Detail

Provider Code: 22965
 Physician Name: dr mohammd saber
 Fax No: 0173227299

Treatment Detail

Chief Complaints and main symptoms
 Diagnosis Code: V87
 Diagnosis Desc: Traffic accident of specific victim's mode of transport
 Treatment Type: I
 Date of Admission: 29/01/2018
 Quantity: 1
 Department Type
 Length of Stay: 15
 Estimated Amount: 45000

Privacy - Terms

Last Menstrual Period in Hijri Expected Delivery in Hijri
 Last Menstrual Period in Gregorian Expected Delivery in Gregorian

Maternity Detail

Exemptions Referral: N Chronic: N
 RTA Infertility: N Work Related:
 Gravida Para: Live:
 Possible line of treatment PLS CHECK ALL ATTACHED FILES Other Conditions:
 Check-up Congenital: Psychiatric:
 Vaccination Blood Pressure: Pulse:
 Maternity Type Abortion: Death:
 Temperature: Duration of Illness:

ServiceCode	SupplyPeriod	SupplyFrom	SupplyTo	Referral	ServiceDescription	Qt
				N	FOR TOTAL 15 DAYS IN ICU	1

Diagnosis Code**Diagnosis Description**

V87

Traffic accident of specified type but victim's mode of transport unknown

Kindly note: This approval is subject to the terms and conditions of the signed agreement including agreed package prices and price list and the customer policy limits and exclusions. Further, BUPA Arabia confirms cover for the member's treatment as specified in the coverage details field based on the limited information supplied to us during pre-authorization. BUPA Arabia reserves the right to fully or partially deny the payment for any of the above treatment during the claim processing stage in case one of the following reasons (which does not constitute a numerous clauses of events) becomes apparent:

1. If the diagnosis, treatment or any other material fact alters from those disclosed during pre-authorization
2. If the line of treatment is not according to internationally recognised medical standards and in line with the M.O.H approved practices
3. In case of forgery

يرجى الملاحظة أن هذه الموافقة تخضع لشروط وأحكام الاتفاقية الموقعة بين الطرفين بما في ذلك أسعار الاتفاقية الشاملة المتفق عليها ، وقوائم الأسعار بما في ذلك حدود تغطية العملاء والاستثناءات. كذلك، تؤكد بوبا العربية تغطيتها لعلاج العضو بما تم ادراجه في خانة الحالات المدرجة ضمن التغطية إستناداً الى المعلومات المحدودة والتي تم إفادتنا بها خلال طلب الموافقة على الخدمات الطبية. تحتفظ بوبا العربية بحق الرفض الكلي او الجزئي بخصوص سداد تكاليف الخدمات الطبية عند المطالبة بها اذا ما توفر أحد الاسباب التالية (التي لا تشكل بنود عديدة من الأحداث) :

o اذا كان التشخيص او العلاج او اي حقائق اخرى مخالفة لما ورد في طلب الموافقة.

o عدم تطابق أو توافق العلاج او الخدمة الطبية الممنوحة مع المعايير المتعارف عليها دوليا او مخالفته لما نصت عليه لوائح و قوانين وزارة الصحة السعودية.

في حالة الاحتيال او التزوير.

Saudi Medical Insurance Standardization - United Claim & Approval Form (SMIS-UCAF 1.0)



GENERAL CONSENT FOR MEDICAL TREATMENT

أقرار الموافقة العام على العلاج

Age: 26 Sex: M Nationality:

Ward/Clinic: MMSU

I understand that I have the right to make informed decisions about my health care treatment. I agree to have the doctors and staff do tests and treatments they feel are needed for my care. These may include x-rays, scans, lab tests, vital signs, medicines and physical therapy. I know other treatments or tests that have more risk will be explained to me so I can give informed consent for them if I need them. I know I can ask my doctor any questions I have about my treatment.

I know there are rules at the hospital. I understand that the doctors and staff will help know what the rules are. I agree to follow the rules for my safety and for the safety of others

I know the hospital is not responsible for any of my belongings that I choose to keep with me. I agree that I should send any valuables and belongings I do not need home with my family of friends, or ask the staff to have the department of security hold the items.

I ask my insurance or other payer to make direct payment to this hospital and may doctors for all services that are covered by my benefits. I know that I have to pay any unpaid amount of my care that is not covered or in considered out of network by my insurance or other payer. If I do not pay my bills, I know they will be sent to collections according to laws and regulations in KSA.

I agree to have information about my care and treatment shared to:

- My doctors and other health care providers who providers care to me.
- My insurance company and others who pay on my bills for care.
- Companies that help collect payment for my care
- Any government agency to which I have applied for aid

If I have had treatment for alcohol or drug abuse, psychiatric issues, HIV or AIDS, that information may also be released.

I have read this and understand this form, or had this form read and explained to me. I sign this form as my consent.

- أفهم أنني لى الحق فى معرفة أى قرار مرتبط بحالتى الصحية والعلاجية.
- وأوافق على أى اختيار أو علاج أو فحص يرى الفريق الطبى أننى فى حاجة إليه بما فى ذلك الفحص المعملى والإشعاعى والفحص الطبى والعلاج الطبيعى .
- وأعلم أن هناك بعض الأدوية والاختبارات والاجراءات العلاجية التى لها مخاطر على صحتى هذه المخاطر سوف تشرح لى من الطاقم الطبى وإذا اخترت هذا الاجراء يجب على توقيع اقرار منى بذلك .
- ولى الحق فى سؤال طبيبى المعالج عن أى أسئلة تتعلق بعلاجى
- وأعلم أن هناك قواعد للمستشفى للمحافظة على سلامتى وسلامة الآخرين والأطباء وطاقم العمل بالمستشفى سيخبروننى بهذه القواعد وأنا ملتزم بمتابعة هذه القواعد .
- وأقر أن المستشفى غير مسؤولة عن متعلقاتى الشخصية التى اخترت الاحتفاظ بها معى وأوافق على أنه يجب على إرسال أى متعلقات قيمة لست فى حاجة إليها مع عائلتى أو أصدقائى إلى المنزل أو حفظها مع أمن المستشفى .
- وأطالب شركة تأمينى أو المسؤل عن دفع التكلفة المادية للمستشفى بالدفع المباشر لكل مستحقات المستشفى المقابلة للخدمات التى قدمت لى .
ويجب على دفع أى مستحقات لم تسدد للمستشفى أو غير مغطاة من الجهة المسؤولة عن السداد وإذا لم أسدد فإن للمستشفى الحق فى اتخاذ أى إجراءات قانونية حسب قوانين المملكة العربية السعودية .

أوافق على إعطاء المعلومات الخاصة برعايتى وعلاجى إلى كل من :-
- طبيبى وكل الفريق الطبى القائم على رعايتى .
- شركة التأمين الطبى أو أى جهة مسؤولة عن دفع تكلفة رعايتى الطبية .
- كل الدوائر الحكومية التى قد تساهم فى رعايتى الصحية .

يجب على أخبار كل هذه الجهات عن حالتى الطبية المزمنة مثل :
تعاطى الكحول - الإدمان - الأمراض النفسية - الأيدز .

وتقد قرأت المكتوب أعلاه وفهمته ووضح لى وعلى ذلك أوقع .

Patient Name :

Signature:

Date:

Name of Witness (optional):

Signature:

اسم المريض :
التوقيع :
التاريخ :
اسم الشاهد (اختياري) :
التوقيع :



وزارة الصحة
Saudi Ministry of Health

Patient
File No

MRNO: 106503
Name: ESSA HADOR MOHAMMED JAFARY
Sex: M
Age: 26 Y02M11D
Nat: SAUDI

AUTHORIZATION AND INFORMED CONSENT FOR SURGICAL PROCEDURES, OTHER INVASIVE PROCEDURES, ANESTHESIA AND BLOOD TRANSFUSION DURING PROCEDURES

تفويض وموافقة مسبقة على إجراء عملية جراحية أو إجراء جراحي آخر وعلى التخدير ونقل الدم

Age: Sex: Male Nationality: Saudi

Ward/Clinic:

Diagnosis: POST RTA جرح في الكتف

التشخيص: جرح في الكتف

1. I hereby give my consent and authorize, Al Hayat National Hospital, Jizan, Dr.

1. أوافق وأفوض مستشفى الحياة الوطني والدكتور: د. خالد بن محمد الجفاري

His or Her assistants and other allied healthcare professionals as may be necessary to perform the following operation / procedure

ومساعدية وزملاءه من الاختصاص الأخرين لإجراء العملية أو الإجراء التالي حسب الضرورة:

closed line repair

إصلاح الخيط المغلقة

I also consent and authorize

وأيضاً أوافق وأفوض:

Dr.

الدكتور /

to administer anesthesia as described below

بوضعي تحت التخدير حسيماً يعتبر ضرورياً.

General Spinal Epidural Regional Local

التخدير العام التخدير الشوكي التخدير فوق الجافية

Sedation: Moderate Deep

التخدير الناحي التخدير الموضعي

التنويم: المتوسط العميق

2. I acknowledge that the nature and purpose of the above described operation, likelihood of success, potential benefits and drawbacks, the possible alternatives, the cardiac arrest and even death have been explained to me by Dr.

2. أقر أنا الموقع أدناه:
- أن طبيعة والغرض من العملية الموصوفة أعلاه واحتمالات النجاح والفوائد المحتملة والعوائق والمخاطر التي تنطوي عليها بما في ذلك من خطر النزيف والعدوى والسكتة القلبية والأصابة الخطيرة أو الوفاة والبدائل الممكنة واحتمال حدوث مضاعفات قد شرحت لي بواسطة:

and all my questions have been answered to my satisfaction. I acknowledge that no guarantee has been made as to the results to recovery and possible results of non-treatments have been explained to me. I consent to the performance of the above described operation or procedure acknowledging that if during contemplated operation / procedure other conditions are discovered than that in the original operation / procedure which need different operation procedure, I request and authorize such procedure to proceed.

الدكتور /
- الإجابة على جميع أسئلتى مما لى لارتياحي وأعترف أنه لم يقدم أى ضمان فيما يتعلق بالنتائج التي يمكن الحصول عليها وقد شرحت لي المشاكل المحتملة المرتبطة بالأعاش والنتائج المحتملة لعدم إجرائها.
- أوافق على أداء العملية الموصوفة أعلاه أو الإجراء وأقر بان إذا طرأت أى ظروف أثناء العملية أو الإجراء الأصلي وتطلبت إجراء آخر غير الأصلي فينتى أطلب وأفوض لعمل هذا الإجراء.

3. I acknowledge that the nature and purpose of the anesthesia and the risks involvod have been explained to me. For epidural or spinal anesthesia these include but are not limited to headache, backache, adverse reaction to the drugs used, paralysis or even death. Additional risks result from general anesthesia, including injury to the vocal cords, teeth or eyes. I understand that complication may result from the usc of any

3. وأقر بأنه قد شرحت لي طبيعة والغرض من التخدير والمخاطر التي تنطوي عليها بالنسبة لي للتخدير فوق الجافية أو في العمود الفقري وتشمل الآسى ولكنها ليست على سبيل الحصر: الصداع والأم الظهر والآثار الجافية للعقاقير المستخدمة والشلل أو حتى الموت.
- وقد فهمت أن المضاعفات قد تنتج عن استخدام أى مخدر بما في ذلك مضاعفات الجهاز التنفسي وهبوط القلب والإصابة العصبية والتفاعلات الدوائية والشلل ونف في الدماغ أو الموت والمخاطر الإضافية التي قد تنتج من التخدير العام.

anesthetic including respiratory complications, nervous injury, drug reaction, paralysis, brain damage, cardiac arrest and even death. These risks have been explained to me by

Dr.

I also understand and agree that during anesthesia, unforeseen Conditions may arise that necessitate change in the anesthetics possibly without being able to consult with me. If during the operation or procedure other conditions are described that in best judgment of the medical staff of HNH require an extension, alteration or abandonment of the original anesthetic plan, or use of different anesthesia, I authorize and request that it to proceed.

4. I consent to undergo X-Ray, Fluoroscopy , CT, MRI, Endoscopy, ERCP , if deemed necessary in the judgment of medical staff of HNH, during procedure.

5. My physician has discussed with me to my satisfaction the potential need for and risks of transfusion of blood or blood products if needed during the procedure.

6. Exceptions to my consent if any are :
 None Yes

بما في ذلك الضرر على الامتنان والأجبال الصوتية أو العينين وقد شرحت اي هذه المخاطر التي قد أتعرض لها من قبل

الذكور /
وأفهم أيضا أنه أثناء التخدير قد تنشأ ظروف غير منظورة التي تستلزم تغيير في التخدير وربما دون أن يتمكن الطبيب من التشاور معي في ظل ظروف العملية أو أي إجراء آخر موصوف وأقر أنه إذا رأى الطاقم الطبي بمستشفى الحياة الوطني تمديد أو تعديل أو التخلي عن الخطة الاصلية للتخدير أو استخدام خطة تخدير مختلفة فإني أطلب والفوض لعمل هذا الإجراء .

4. أنا موافق على الخضوع للأشعة السينية أو فلوروسكوبي أو التصوير المقطعي المحوسب أو الرنين المغناطيسي () إذا اقتضت الضرورة حسب حكم الطاقم الطبي في مستشفى الحياة الوطني خلال الإجراء .

5. وقد تناقش الطبيب معي وأفهمني مدى الحاجة والمخاطر المحتملة لنقل الدم أثناء العملية

6. استثناءات لموافقتي : لا نعم

Attending Anesthetist sign / Stamp / Date / Time:

Attending Anesthetist (M.D.) Sign / Stamp / Date / Time

ICU Resident
868

الطبيب / التوقيع / الختم التاريخ / الوقت

11-1-2018

Patient / Relative Name / Sign / date:

Patient / Relative Name / Sign / date

اسم المريض / القريب / التوقيع / التاريخ

11/1/18

Witness Name / Sign / Date:

Witness Name / Sign / Date:

اسم الشاهد / التوقيع / التاريخ

11/1/18

If patient is not competent to give consent, his guardian will sign instead, mentioning the reason as below:

إذا كان المريض غير مفوض لإعطاء الموافقة سيخضع توقيع ولي أمره مع ذكر السبب :

Patient is under age of 18 years. Unconscious patient or mentally incompetent. others

المريض تحت سن الثامنة عشر
فقد الوعي أو الغفرة العقلية
أخرى .

HRNO: 106503
Patient's Name: ESSA BADOR MOHAMMED JAFARY
Sex: M
Age: 26 Y02M17D
Nat: SAUDI
File No:

OPERATIVE NOTES

Age: 26 Sex: M Nationality: SAUDI ARABIAN Operation date: 17 JAN. 2018
Surgery Time: O.T. No. 2 O.R. Nurse: Scrub nurse LEESI / ROMMEL
Time Started: 10:54
Time Ended: 11:04
Surgeon's Name: DR. KARIEM HASSAN ALY Assistant Name: DR. HANOUY MOUNTATA
Pre-Operative Diagnosis / s: Type of Anesthesia: SPINAL
Operation/s: *fixt rt titer*
Post-Operative Diagnosis / s: *OP. lf rt titer*
hand pt titer

OPERATIVE FINDINGS AND PROCEDURES:

Under GA SPD was done and
posterior incision was done with ORIF
of tibia by 1.5x1.2 with 2
2 interosseous screws and preait 2 interosseous
w/rt patella tendon & softis & spin cleux was done

Intra-Operative Complications:
no

Specimen/s for Pathology: *N/A*
Blood Loss: *50* ml
Towel Count: COMPLETE
Transfusion/Units Use: *N/A* ml
Instrument Count: CORRECT

Special Instruction to Recovery Area:

lypt nte

Post-Operative Complications (Packs, Drains, Transfusion, Sedations, Antibiotics):

No

Registry Number of Implantable Devices

*1. M.R. Pt. Eite
4. infusor pump*

Surgeon: Signature/Stamp/Date/Time

*17 Jan. 2018 @ 11:51
D. Kniering*

MRNO 186503
 Patient's Name: **ESSA HADOR MOHAMMED JAEARY**
 Sex: **M**
 Age: **26** Y02M17D
 File No:
 Nat: **SAUDI**

NURSING OPERATIVE RECORD

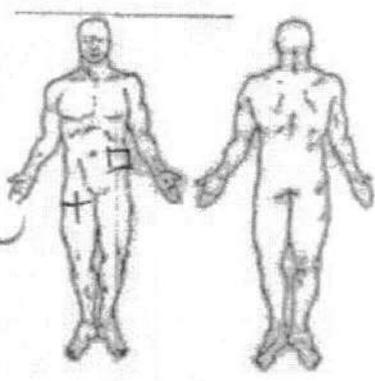
Age: **26** Sex: **M** Nationality: **SAUDI ARABIAN** Ward/Clinic: **ICU / MNSH**
 Date: **17 / JAN / 2018**

Consultant: **DR. KHADEM NAGE ALY** ID# **1515**
 Surgeon: **DR. KHADEM NAGE ALY** ID# **1515**
 Assistant(s): **DR. HAMDY MOUSTAFA** ID# **0723**
 : **N/A** ID# **N/A**
 Scrub Nurse 1: **LEDDI RABTO** ID# **0870**
 Scrub Nurse 2: **KOMMEL ABUTIKATA** ID# **0904**
 Circulating Nurse 1: **MARK STA. INES** ID# **1660**
 Circulating Nurse 2: _____ ID# _____
 Others: _____ ID# _____
 : _____ ID# _____
 : _____ ID# _____

Theatre# **2** Elective Emergency
 Anesthesia Consultant: **DR. MOHAMMED ARIFA** ID# **0740**
 Anesthesia Specialist: **DR. SAUDED ALI** ID# **0820**
 Anesthesia Tech/Nurse1: **MUHAMMAD ELBAGOLI** ID# **1703**
 Anesthesia Tech/Nurse2: **N/A** ID# **N/A**
 Anesthesia given: General Local with Sedation
 Regional Spinal Epidural
 Anesthesia : Start Time: **09:55H** Patient Shifted to: **CR** at **11:55H**
 End Time: _____
 Surgery: Start Time: **10:05H**
 End Time: **11:40H**

Preoperative Diagnosis: _____ Code # _____
 Operation(s) Performed: **PT tibiae hite** Simple Major
 Minor Fine Major
 Moderate
 Post Operative Diagnosis: **DRY PT tibiae hite** Surgeon Signature: _____

INTRAOPERATIVE CARE



Position: Supine Lithotomy Prone Lateral Rt Lt
 Sitting Ortho table other: _____
 Aids: Stirrups Arm Board Laminectomy Frame
 Chest Support Head Holder Pillows Others
 Cautery :
 Bipolar _____ Unit Grounding Pad Site **BEFOREMEN**
 Monopolar **ESQ/15** Unit **LEFT SIDE**
 Tourniquet : Arm Lt Rt Leg Lt Rt
 Started Time **N/A** **09:55H**
 End Time **N/A** **11:40H**
 Skin Integrity:

+ Tourniquet Grounding Pad
 - safety Straps

Catheter: Type _____
 Drain: _____
 Pack: _____
 Specimen : _____

Preoperative **DRY & INTACT**
 Post operative **INTACT & FREE FROM PAIN**
 Skin Prepped Site: **RIGHT LEG** Done by: **DR. HAMDY**
 Site _____ Inserted by: _____ at **N/A**
 Site _____
 Site _____
 CO2 Insufflations Started... **N/A**
 CO2 Desufflation Ended... **N/A**

Histopathology Microbiology Others _____
 Remarks: _____
 TRANSFERRED TO: ICU Ward Other Urine Output: **400cc**
 NURSE : Signature / Date / Time : _____ **17 JAN. 2018 @ 11:55H**

RADIOLOGY REPORT
DUPLICATE COPY
DO NOT FILE IN PATIENT'S RECORD

Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819
Address :

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Nat. ID:

Doctor: KARIEM NASR ALY 1515

Order Location: MALE MEDICAL SURGICAL WARD

Procedure	Exam ID	Attendance ID	DateTime
KNEE JOINT (TWO VIEWS)		XY-2018-01-628	08 01 2018 05:40

Exam Reason:

Report

PLAIN RIGHT KNEE JOINT X-RAY A/P AND
LATERAL VIEWS REVEALED

- Narrowed joint spaces
- No definite fracture lines.
- Swelling soft tissue

For correlation with clinical exam and for further evaluation

Transcriptionist : EDEN SEGUISABAL NAPONE
Reporting Radiologist : HASAN AHMAD MARIE 1202
Verified By Radiologist: HASAN AHMAD MARIE 1202

Report Status: VERIFIED
Date Reported: 16-01-2018 19:16
Date Verified: 22-01-2018 08:56

Verified By Radiologist

Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Printed: 03-02-2022 11:16

RADIOLOGY REPORT
DUPLICATE COPY
DO NOT FILE IN PATIENT'S RECORD

Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819
Address :

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Nat. ID:

Doctor: KARIEM NASR ALY 1515

Order Location: MALE MEDICAL SURGICAL WARD

Procedure	Exam ID	Attendance ID	DateTime
TIBIA/FEBULA (TWO VIEWS)		XY-2018-01-1687	19 01 2018 18:57

Exam Reason:

Report

PLAIN X-RAY ON RIGHT LEG TIBIA & FIBULA AP AND LATERAL VIEWS REVEALED:

" Fixation by intramedullary locking-nail for comminuted fracture of mid shaft of right tibia with medial & posterior displaced bony fragments
" swelling soft tissue

For correlation with clinical exam and for further evaluation

Transcriptionist : EDEN SEGUISABAL NAPONE
Reporting Radiologist : HASAN AHMAD MARIE 1202
Verified By Radiologist: HASAN AHMAD MARIE 1202

Report Status: VERIFIED
Date Reported: 29-01-2018 09:24
Date Verified: 01-02-2018 12:10

Verified By Radiologist

Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Printed: 03-02-2022 11:17

RADIOLOGY REPORT
DUPLICATE COPY
DO NOT FILE IN PATIENT'S RECORD

Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819
Address :

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Nat. ID:

Doctor: KARIEM NASR ALY 1515

Order Location: MALE MEDICAL SURGICAL WARD

Procedure	Exam ID	Attendance ID	DateTime
PELVIS A.P (ONE VIEW)		XY-2018-01-628	08 01 2018 05:40

Exam Reason:

Report

PLAIN X-RAY OF THE PELVIS AP VIEW REVEALED:

" Asymmetric hip position
" No definite fracture lines , no bone dislocation.

For correlation with clinical exam and for further evaluation

Transcriptionist : EDEN SEGUISABAL NAPONE

Report Status: VERIFIED

Reporting Radiologist : HASAN AHMAD MARIE 1202

Date Reported: 16-01-2018 19:17

Verified By Radiologist: HASAN AHMAD MARIE 1202

Date Verified: 22-01-2018 08:56

Verified By Radiologist

Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Printed: 03-02-2022 11:17

RADIOLOGY REPORT
DUPLICATE COPY
DO NOT FILE IN PATIENT'S RECORD

Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819
Address :

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Nat. ID:

Doctor: KARIEM NASR ALY 1515

Order Location: MALE MEDICAL SURGICAL WARD

Procedure	Exam ID	Attendance ID	DateTime
COLOURED DOPPLER FEMORAL ARTERY LOWER LIMB (UNILATERAL)		US-2018-01-854	20 01 2018 10:23

Exam Reason:

Report

Duplex & Color Doppler Ultrasound Of The Arterial & Venous Systems Of right Lower Limb
At time of examination 6:00 pm

The Arterial System: .

Show no detectable intimal medial thickening with no atheromatous plaques.

The common femoral ,superficial , popeltial arteries show

- . No arterial stenosis or occlusion could be detected.
- . Normal arterial Doppler waveform pattern (triphasic).
- . Normal blood flow velocity of the examined arterial tree.

The leg vessles (ATA , PTA) show :

. No arterial stenosis or occlusion could be detected with normal dorsalis pedis artery .

- . Normal arterial Doppler waveform pattern
- . Normal blood flow velocity of the examined arterial tree.

The Deep venous system shows:

- " The iliac vein is patent with no deep venous thrombosis.
- " The common femoral, superficial femoral, popliteal as well as peroneal , anterior and posterior tibial veins are patent, compressible echo-free with normal color flow mapping with no detectable D.V.T.
- " Preserved respiratory phaisicity with Augmentation of blood flow during manual compression.

The Superficial system

- " Competent sapheno-femoral junction
- " Competent sapheno-popliteal Junction.
- " GSV and SSV within normal limit
- " Right upper 2/3 of leg at medial aspect show intra muscular large ill defined collection interrupted in between isoechoic muscle fibers it measure at all about 4.5x3.8cm and Deeping about 2 cm from skin surface , the isoechoic part show average vascular pattern like the muscle vascularity by color Doppler
- " Diffuse leg subcutaneous edema

Conclusion :

- " Picture suggestive Right intra muscular hematoma with under lying muscle injury ? MRI is recommended
- " Diffuse leg subcutaneous edema
- " Unmarkable arterial & venous Doppler study of right lower limb at time of examination
- " for further work up

Transcriptionist : EDEN SEGUISABAL NAPONE

Report Status: VERIFIED

Reporting Radiologist : MOUSTAFA MOHAMMED MOUSTAFA 0892

Date Reported: 21-01-2018 19:37

Verified By Radiologist: MOUSTAFA MOHAMMED MOUSTAFA 0892

Date Verified: 22-01-2018 08:58

Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Printed: 03-02-2022 11:17

RADIOLOGY REPORT
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DO NOT FILE IN PATIENT'S RECORD

Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819
Address :

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Nat. ID:

Report

Verified By Radiologist

Patient name: ESSA HADOR JAFARY
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Patient ID : 189819

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Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819
Address :

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Nat. ID:

Doctor: KARIEM NASR ALY 1515

Order Location: MALE MEDICAL SURGICAL WARD

Procedure	Exam ID	Attendance ID	DateTime
C.T-BRAIN		XY-2018-01-679	08 01 2018 11:10
Exam Reason: WX			

Report

NON CONTRAST ENHANCED CT SCAN OF THE BRAIN

Clinical History:

o 26y old male patient, complaining of RTA,

Findings:

- No fracture lines detected.
- No extra-axial or intra-cerebral areas of fresh blood densities.
- No focal cerebral area of abnormal density seen.
- Preserved normal gray-white matter interface.
- Normal size and configuration of ventricular system,
- No midline shift.
- Unremarkable posterior fossa structures.

Conclusion:

- Essentially normal CT brain study,

Transcriptionist : EDEN SEGUISABAL NAPONE
Reporting Radiologist : AHMED MOHAMED ELAWADY 1735
Verified By Radiologist: AHMED MOHAMED ELAWADY 1735

Report Status: VERIFIED
Date Reported: 08-01-2018 16:54
Date Verified: 08-01-2018 19:07

Verified By Radiologist

Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Printed: 03-02-2022 11:13

RADIOLOGY REPORT
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DO NOT FILE IN PATIENT'S RECORD

Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819
Address :

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Nat. ID:

Doctor: MOHAMED SABER MOHMED 0852

Order Location: ICU WARD

Procedure	Exam ID	Attendance ID	DateTime
C.T-BRAIN		XY-2018-01-1059	11 01 2018 21:31

Exam Reason:

Report

NON CONTRAST ENHANCED CT SCAN OF THE BRAIN

Clinical History:

o 26y old male patient, complaining of RTA,

Findings:

- As regards the previous study dated 8-1-2018, the current study reveals:
- De novo LT fronto-temporal and small LT temporal areas of acute intra-axial, intra-parenchymal hemorrhage, with mild to moderate peri-focal cytotoxic edema and grade III mass effect in the form effaced cortical sulci, compressed ipsilateral ventricle and slight mid-line shift.
- Acute pan sinusitis,

Transcriptionist : EDEN SEGUISABAL NAPONE
Reporting Radiologist : AHMED MOHAMED ELAWADY 1735
Verified By Radiologist: AHMED MOHAMED ELAWADY 1735

Report Status: VERIFIED
Date Reported: 13-01-2018 11:44
Date Verified: 14-01-2018 14:51

Verified By Radiologist

Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Printed: 03-02-2022 11:14

RADIOLOGY REPORT
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DO NOT FILE IN PATIENT'S RECORD

Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819
Address :

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Nat. ID:

Doctor: KARIEM NASR ALY 1515

Order Location: MALE MEDICAL SURGICAL WARD

Procedure	Exam ID	Attendance ID	DateTime
C.T-CERVICAL SPINES		XY-2018-01-628	08 01 2018 05:39

Exam Reason:

Report

NON CONTRAST ENHANCED CT SCAN OF THE CERVICAL SPINE

Clinical History:

o 26y old male patient, complaining of RTA,

Findings:

o Preserved cervical lordosis.

o Normal osseous texture of the vertebral bodies & their neural arches,

o Normal appearance of the scanned zygo-apophyseal and neurocentral joints.

o No fractures or dislocations.

o Preserved cervical intervertebral discs with no significant posterior disc bulge or herniation.

o No paraspinal abnormalities.

Opinion:

o Normal non-enhanced CT scan of the cervical spine.

Transcriptionist : EDEN SEGUISABAL NAPONE
Reporting Radiologist : AHMED MOHAMED ELAWADY 1735
Verified By Radiologist: AHMED MOHAMED ELAWADY 1735

Report Status: VERIFIED
Date Reported: 08-01-2018 16:49
Date Verified: 08-01-2018 19:07

Verified By Radiologist

Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Printed: 03-02-2022 11:15

RADIOLOGY REPORT
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Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819
Address :

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Nat. ID:

Doctor: KARIEM NASR ALY 1515

Order Location: MALE MEDICAL SURGICAL WARD

Procedure	Exam ID	Attendance ID	DateTime
C.T-LUMBAR SPINES		XY-2018-01-628	08 01 2018 05:39

Exam Reason:

Report

NON CONTRAST ENHANCED CT SCAN OF THE LUMBAR SPINE

Clinical History:

o 26y old male patient, complaining of RTA,

Findings:

- o Normal marrow osseous texture of the imaged vertebrae, no fractures detected,
- o Straightened lumbar curvature denoting myogenic spasm,
- o Normal diameters of the bony lumbar spinal canal.
- o No evident disc herniations or significant bulges.
- o Intact facets & both sacro-iliac articulations
- o No abnormality detected in the paraspinal soft tissues.

CONCLUSION:

o Essentially normal CT study of the lumbo-sacral spine.

Transcriptionist : EDEN SEGUISABAL NAPONE
Reporting Radiologist : AHMED MOHAMED ELAWADY 1735
Verified By Radiologist: AHMED MOHAMED ELAWADY 1735

Report Status: VERIFIED
Date Reported: 08-01-2018 16:52
Date Verified: 08-01-2018 19:07

Verified By Radiologist

Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Printed: 03-02-2022 11:15

RADIOLOGY REPORT
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DO NOT FILE IN PATIENT'S RECORD

Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819
Address :

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Nat. ID:

Doctor: KARIEM NASR ALY 1515

Order Location: MALE MEDICAL SURGICAL WARD

Procedure	Exam ID	Attendance ID	DateTime
C.T-PELVIS		XY-2018-01-628	08 01 2018 05:38

Exam Reason:

Report

NON CONTRAST ENHANCED CT SCAN OF THE PELVIS

Clinical History:

o 26y old male patient, complaining of RTA,

Findings:

o Normal CT density of the scanned pelvic bones and both femoral heads.

o Normal CT appearance of both hip joints with no CT evidence of dislocation or fractures seen.

o No hip joint effusion detected.

o Normal CT appearance of the muscle groups surrounding both hips with intact intervening fat planes.

o Empty UB at time of scan,

o Clear ischio-rectal fossa and normal CT appearance of the other pelvic organs.

o No endo-pelvic collections or ascites.

o No pelvic lymphadenopathy.

Opinion:

o Normal non-enhanced CT scan of the pelvis.

Transcriptionist : EDEN SEGUISABAL NAPONE

Report Status: VERIFIED

Reporting Radiologist : AHMED MOHAMED ELAWADY 1735

Date Reported: 08-01-2018 16:53

Verified By Radiologist: AHMED MOHAMED ELAWADY 1735

Date Verified: 08-01-2018 19:07

Verified By Radiologist

Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Printed: 03-02-2022 11:15

RADIOLOGY REPORT
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Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819
Address :

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Nat. ID:

Doctor: KARIEM NASR ALY 1515

Order Location: MALE MEDICAL SURGICAL WARD

Procedure	Exam ID	Attendance ID	DateTime
C.T-DORSAL SPINES		XY-2018-01-628	08 01 2018 05:39

Exam Reason:

Report

NON CONTRAST ENHANCED CT SCAN OF THE DORSAL SPINE

Clinical History:

o 26y old male patient, complaining of RTA,

Findings:

- o Normal marrow osseous texture of the imaged vertebrae, no fractures detected,
- o Preserved dorsal curvature.
- o Normal diameters of the bony dorsal spinal canal.
- o No evident disc herniations or significant bulges.
- o Intact facet joints.
- o No abnormality detected in the paraspinal soft tissues.

CONCLUSION:

- o Normal CT study of the dorsal spine.

Transcriptionist : EDEN SEGUISABAL NAPONE
Reporting Radiologist : AHMED MOHAMED ELAWADY 1735
Verified By Radiologist: AHMED MOHAMED ELAWADY 1735

Report Status: VERIFIED
Date Reported: 08-01-2018 16:49
Date Verified: 08-01-2018 19:07

Verified By Radiologist

Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Printed: 03-02-2022 11:16

RADIOLOGY REPORT
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Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819
Address :

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Nat. ID:

Doctor: KARIEM NASR ALY 1515

Order Location: MALE MEDICAL SURGICAL WARD

Procedure	Exam ID	Attendance ID	DateTime
ANKLE/FOOT (TWO VIEWS)		XY-2018-01-1950	22 01 2018 11:56

Exam Reason:

Report

PLAIN X-RAY ON RIGHT FOOT AP AND OBLIQUE
VIEWS REVEALED

" No definite fracture lines.
" Swelling soft tissue .

For correlation with clinical exam and for further evaluation

Transcriptionist : EDEN SEGUISABAL NAPONE
Reporting Radiologist : HASAN AHMAD MARIE 1202
Verified By Radiologist: HASAN AHMAD MARIE 1202

Report Status: VERIFIED
Date Reported: 29-01-2018 09:24
Date Verified: 01-02-2018 12:10

Verified By Radiologist

Patient name: ESSA HADOR JAFARY
MR Number : 186503
Patient ID : 189819

Sex/Age: M 30 Y-3 M
DOB : 31-10-1991
Printed: 03-02-2022 11:16