Patient Name: SAROV PUTHIYA PARAMBAN
File No: 25021544
Age: 32y 1m 29d
Gender : Male
Nationality: India

Alnile Hospital
مستشفى النيل

Fitness to Work Certificate

Employee Data		Date 30/12/2025	
Last Name Puthiya Paramban		First Name Boovi	
I.D No. 109391868	Age 32yrs	Occupation Supervisor.	

Type of Medical Evaluation		Mark those applying	
A1 Aircraft refueling		A6 Emergency response team work	
A2 Breathing apparatus		A7 Professional driving	
A3 Business traveler		A8 Remote location work	
A4 Catering and food preparation		A9 Transfers- group A country	
A5 Crane or forklift driving		A10 Transfers-group B country	

Health Advisor statement The Above named person has been examined according to the statements laid down in "Protocols and Guidence Notes on the Medical Evaluation of Fitness to Work". At this time their fitness to work status for the above tasks is as follows

Fit with no restrictions ✓ FIT			
Fit with following restrictions The employee is fit for above work but should avoid the following tasks			
Work near moving machinery or sharp edges		Operate motor vehicles, forklifts or heavy machinery	
Working at height		Use a respirator	
Pull push carry weight over Kg		Repetitive twisting of valves or wrenches	
Ascend/descend ladders or stairs		Flying	
Other(Specify)			
These restrictions are permanent			
These restrictions are temporary until (date)			
Temporary Unfit until (date)			
Permanently Unfit			

Date 30/12/2025	Signature	Print Name

AL NILE HOSPITAL

Alnile Hospital
مستشفى النيل

Patient Name: SAROV PUTHIYA PARAMBAN
File No: 25021544
Age: 32y 1m 29d
Gender : Male
Nationality: India

Surname/ Forenames	Sarov puthiya Paramban.
Nationality	INDIAN
Mobile No. 90115842	**Home/Leave Address:** INDIA
Company Number:	**Reference Indicator:**

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Personal Details

A ☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated / Divorced / Widow(er)

Home/Leave Address: INDIA

Relationship to employee ☐ Wife ☐ Son ☐ Daughter No. of children: one

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason ☐

Employee only

B Present Job and Location: Supervisor, Aclam.

Next Job and Location:

Are you a registered person with special needs? ☐ Do you belong to any Medical Insurance Scheme? ☐

Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' please describe

		N	Y	Description
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?		✓		
1	Ear, nose, eye or throat problems	✓		
2	Chest problems like asthma, bronchitis, other bad cough	✓		
3	Heart abnormality, chest pains	✓		
4	Abdominal pains, abnormal bowel motions	✓		
5	Urogenital problems (kidney disease, menstrual disorder)	✓		
6	Skin trouble or allergies	✓		
7	Epileptic fits, dizzy spells or migraine	✓		
8	History of mental illness, depression anxiety	✓		
9	Diabetes, thyroid disease	✓		
10	Blood disorder e.g., anaemia, blood cancer e.g., leukaemia	✓		
11	Any history of accidents or fractures	✓		
12	**Have you had any serious allergies**	✓		
13	Do any dependants have a significant ongoing illness?	✓		
14	Any family history of cancers	✓		
Do you take any regular medicines, or have your taken in the past?		✓		
Do you smoke? If yes, what and how much each day?			✓	one
Do you drink alcohol? If yes, what is your average weekly intake?			✓	occasionally.
Have you ever taken elicited/recreational drugs?		✓		
Are you doing regular sports or physical activities?		✓		

STATEMENT: I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. I understand and agree that this form will be held as a confidential record by the concerned medical institute and may be copied (by paper or secure electronic transmission) to PDO the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review.

Date: 30/12/25. **Signature of Applicant:**

AL NILE HOSPITAL

Patient Name: SAROV PUTHIYA PARAMBAN
File No: 25021544
Age: 32y 1m 29d
Gender : Male
Nationality: India

Alnile Hospital
مستشفى النيل

FOR COMPLETION BY EXAMINING DOCTOR

Further details of medical history and recreational activities: 32 y - Male - NO/NH - No drug allergy

N = Normal A = Abnormal (please describe)			PHYSICAL EXAMINATION
N	A		
N		1. Eyes & Pupils	
N		2. E.N.T.	
N		3. Teeth & Mouth	
N		4. Lungs & Chest	
N		5. Cardiovascular System	
N		6. Abdo. Viscera	
N		7. Hernial Orifices	
N		8. Anus & Rectum	
N		9. Genito-urinary	
N		10. Extremities	
N		11. Musculo-skeletal	
N		12. Skin & Varicose Vns.	
N		13. C.N.S.	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	DISTANT R	DISTANT L	NEAR R	NEAR L
161	80	30.86	130/88	72 /mins.	L N R N	Uncorrected	C	C	C	C
						Corrected	C	C	C	C.

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
N		1. Urinalysis		N		7. Audiogram
N		2. Hb, Blood count, ESR				8. Lung Function
	A	3. LFT, RFT, RBS				9. Chest X-Ray
		4. Drug Screen				10. ECG
	A	5. Lipids (40 years +)				11. CVS risk for 40 yrs. & above
		6. Sickle Cell test				12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

high FBG - mild DLP - SOFT
need HBA1C - internal consultation

ASSESSMENT AND RECOMMENDATIONS:

☑ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

Date: 30/12/2025 Name (Block Capitals): Dr. Ali Ghassah Signature:

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. Signature:

AL NILE HOSPITAL

Alnile Hospital
مستشفى النيل

Patient Name: SAROV PUTHIYA PARAMBAN
File No: 25021544
Age: 32y 1m 29d
Gender : Male
Nationality: India

Employee Data	DATE 30/12/2023
NAME: Saorov Puthiya Paramban.	Company:
ID No. 109391868	Occupation: Supervisor.

The Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations? You should rate your chances of dozing off, not just feeling tired. Even if you have not done some of these things recently try to determine how they would have affected you. For each situation, decide whether or not you would have:

- No chance of dozing =0
- Slight chance of dozing =1
- Moderate chance of dozing =2
- High chance of dozing =3

Write down the number corresponding to your choice in the right-hand column. Total your score below.

Situation	Chance of Dozing
Sitting and reading	• 0
Watching TV	• 0
Sitting inactive in a public place (e.g., a theater or a meeting)	• 0
As a passenger in a car for an hour without a break	• 0
Lying down to rest in the afternoon when circumstances permit	• 0
Sitting and talking to someone	• 0
Sitting quietly after a lunch without alcohol	• 0
In a car, while stopped for a few minutes in traffic	• 0

Total Score = 0

Analyze Your Score

Interpretation:

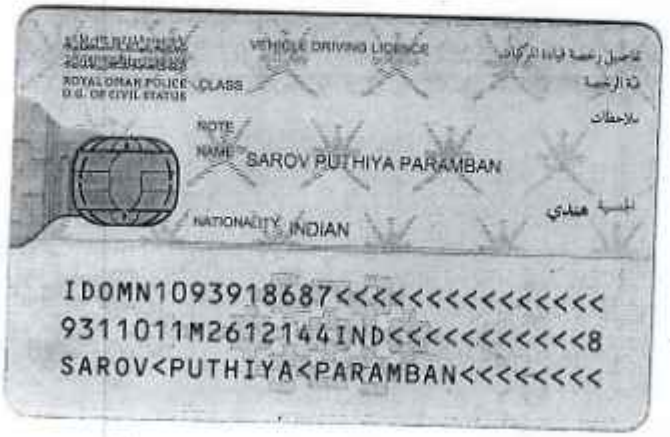
0-7: It is unlikely that you are abnormally sleepy.
8-9: You have an average amount of daytime sleepiness.
10-15: You may be excessively sleepy depending on the situation. You may want to consider seeking medical attention.
16-24: You are excessively sleepy and should consider seeking medical attention.

Reference: Johns MW. A new method for measuring daytime sleepiness: The Epworth Sleepiness Scale.

مستشفى النيل
Sultanate Of Oman
AL NILE HOSPITAL


سلطنة عمان
SULTANATE OF OMAN
RESIDENT
CARD
بطاقة
مقيم
CIVIL NUMBER
EXPIRY DATE
DATE OF BIRTH
109391868
14/12/2026
01/11/1993
الهند
الاسم شارون بوفيه بارغبانا
المهنة ميكانيكي صيانة ميكانيكية / عام
SIGNATURE


مستشفى النيل
Sultanate Of Oman
AL NILE HOSPITAL

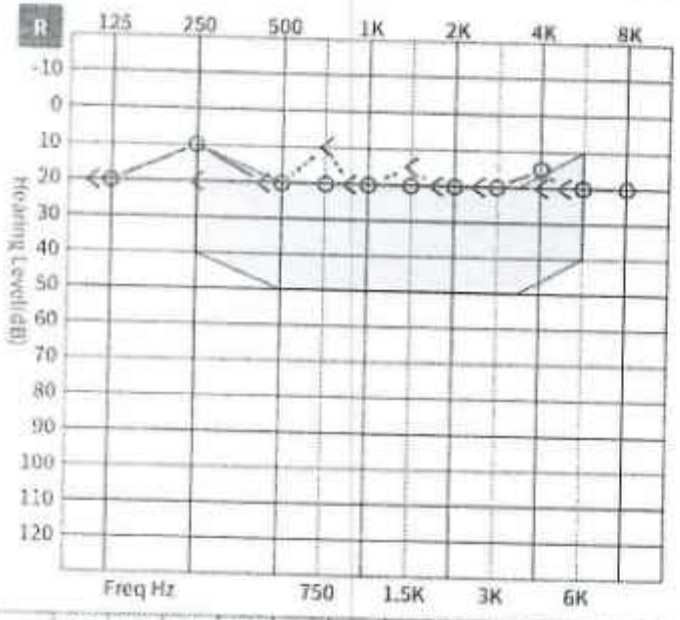

VEHICLE DRIVING LICENCE
ROYAL OMAN POLICE - CLASS
D.G. OF CIVIL STATUS
NOTE
NAME SAROV PUTHIYA PARAMBAN
NATIONALITY INDIAN
IDOMN1093918687<<<<<<<<<<<<<<<
9311011M2612144IND<<<<<<<<<<<8
SAROV<PUTHIYA<PARAMBAN<<<<<<<<

Alnile Hospital
مستشفى النيل

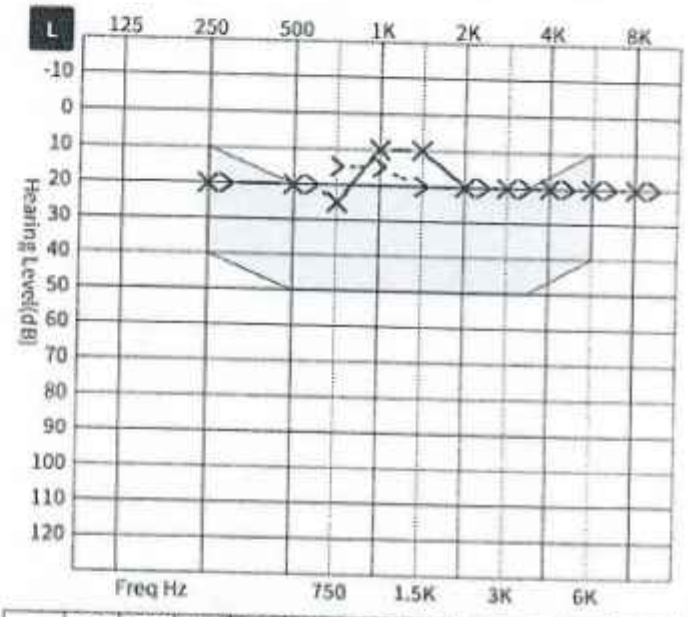
PTA Test Report

ID:025021544
Gender:Male

Name:Sarov puthiya paramban
Age:32Y



	125	250	500	750	1K	1.5K	2K	3K	4K	6K	8K
Air	20	10	20	20	20	20	20	20	15	20	20
Bone	20	20	20	10	20	15	20	20	20	20	



	125	250	500	750	1K	1.5K	2K	3K	4K	6K	8K
Air		20	20	25	10	10	20	20	20	20	20
Bone		20	20	15	15	20	20	20	20	20	20

Test Result:BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS.

AL NILE HOSPITAL

الدكتورة / ابتسام بنت حميس السعيمية
استشارية أولى أنف وأذن وحنجرة

Test Date:2025-12-29 22:17

Printing Date:2025-12-29 22:17

Examiner:_____

Melison

Alnile Hospital
مستشفى النيل

Patient Name: SAROV PUTHIYA PARAMBAN
Date: 30 December 2025
Examination: Pelvi-Abdominal Ultrasonography

REPORT

- ***Liver:*** *is average in size reflecting* ***diffuse homogenous moderate increased echopattern…bright liver…for laboratory correlation.*** *No intra-hepatic biliary radical dilatation.*
  Small geographical hypoechoic area most likely of focal fatty sparing seen at the right hepatic lobe at the gall bladder bed, averaging 11x12mm.
- ***P.V.:*** *is patent with average caliber.*
- ***G.B.:*** *is distended showing normal wall thickness with echofree lumen.*
- ***CBD:*** *shows average caliber with no stones within the visualized segment.*
- ***Spleen:*** *average size with homogenous echopattern. No focal lesions.*
- ***Pancreas: masked by gases.***
- ***Right kidney:***
  - *Shows normal site, size and shape. Normal echogenic criteria, preserved parenchymal thickness with good cortico-medullary differentiation.*
  - *No stones or back pressure changes.*
  - *No cysts or masses.*
- ***Left kidney:***
  - *Shows normal site, size and shape. Normal echogenic criteria, preserved parenchymal thickness with good cortico-medullary differentiation.*
  - *No stones or back pressure changes.*
  - *No cysts or masses.*
- ***Peritoneum:*** *no ascites.*
- ***Urinary Bladder:*** *is partially filled at time of scan, with no stones or gross masses.*
- ***Pelvis:*** *normal pelvic overview.*
- ***Prostate:*** *is average in size, 18 cc in volume, with no gross focal lesions could be noted.*

Opinion:

➲ ***Bright liver, with small focal area of fatty sparing as described above, for laboratory correlation.***

Much Obliged,
Dr. Nesreen ghazy

Al Nile Hospital
Al Nama Al Mutamiza LLC,CR:1128642,P.O.Box 300,Nizwa P.C.611,Sultanate of Oman
+968 25426665 alnile.center@gmil.com

Alnile
Medical Complex
مجمع النيل الطبي

P.O.BOX:300, POSTAL CODE – 611 NIZWA, SULTANATE OF OMAN C.R.NO.1128642
PH : 25426665, 25426228 \ WHATSAPP:94146648
Instagram:https://www.instagram.com/alnile_medical

Lab Report

Patient Name:	SAROV PUTHIYA PARAMBAN			**Date:**	30/12/2025 09:58:58
File No:	25021544	**Age/Gender:**	32y 1m 29d / M	**Sid No:**	Bill#60083
Payer Name:				**Collection Date & Time:**	30/12/2025 09:46:29
Insurance Card No:	--			**Received Date & Time:**	30/12/2025 09:58:58
Doctor:	Dr. Ali Mohammad Ghassah			**Reported Date & Time:**	30/12/2025 10:28:18
Billing Time:	30/12/2025 09:39:11	**Mobile:**	90115842	**Id Card No.:**	109391868

Test Name	Result	Biological Reference
BLOOD SUGAR FASTING	**8.34 mmol/m**	3.3 - 6.1
ALKALINE PHOSPHATASE	97.7 U/L	35.0 - 104.0
SGOT	25.1 U/L	< 40.0
SGPT	45.2 U/L	< 41.0
BILIRUBIN TOTAL	0.599 mg/dl	< 1.1
HDL CHOLESTEROL	42.5 mg/dl	40.0 - 60.0
LDL CHOLESTEROL	157.1 mg/dl	< 150.0
TRIGLYCERIDE	127.0 mg/dl	40.0 - 160.0
CHOLESTEROL	225.0 mg/dl	< 200.0
UREA	20.5 mg/dl	15.0 - 45.0
CREATININE	0.729 mg/dl	0.7 - 1.4
URIC ACID	5.32 mg/dl	3.4 - 7.0
ESR(AUTOMATED)	0.21 mm/hr	< 15.0
Complete Blood Count		
Haemoglobin	16.9 mg/dl	13.0 - 18.0
Total leucocyte count	8,090.0 Cells / Cumm	3,999.0 - 11,000.0
Differential count		
Neutrophil	57.2 %	40.0 - 75.0
Lymphocytes	35.9 %	15.0 - 45.0
Eosinophils	3.1 %	1.0 - 6.0
Monocyte	3.4 %	2.0 - 8.0
Basophils	0.1 %	< 10.0
Packed cell volum	51.0 %	< 54.0
RBC count	**5.73 millions/mm**	4.5 - 5.5
MCV	89.0 fl	81.8 - 95.5
MCH	29.5 pg	27.0 - 32.3
MCHC	33.1 g/dl	32.4 - 35.0
Platelet count	225,000.0 Cu.mm	150,000.0 - 450,000.0
RDW-CV	13.2 %	11.0 - 16.0
RDW-SD	42.8 fl	35.0 - 56.0
URINE ANALYSIS		
Color	Yellow	-
Transparancy	Clear	-

Alnile
Medical Complex
مجمع النيل الطبي

P.O.BOX:300, POSTAL CODE – 611 NIZWA, SULTANATE OF OMAN C.R.NO.1128642
PH : 25426665, 25426228 \ WHATSAPP:94146648
Instagram:https://www.instagram.com/alnile_medical

Test Name	Result	Biological Reference
Specific Gravity	1.015	-
PH	Alkaline	-
Glucose	+	-
Acetone	NIL	-
Bliriubin	NIL	-
Blood	NIL	-
Urobilinogen	NIL	-
Protein	NIL	-
Nitrate	NIL	-
Leukocyte	NIL	-
Pus cells	1-3	-
Erythrocytes	2-4	-
Sequamous Epithelial Cell	Few	-
Crystal	NIL	-
Cast	NIL	-
Bacteria	NIL	-
Others	NIL	-

2025-12-30 10:39:17
End of Report

Technician: Hajar Mohammed Hussin Mousa
License No: 9245

AL NILE HOSPITAL
Sultanate Of Oman

Alnile
Medical Complex
مجمع النيل الطبي

P.O.BOX:300, POSTAL CODE – 611 NIZWA, SULTANATE OF OMAN C.R.NO.1128642
PH : 25426665, 25426228 \ WHATSAPP:94146648
Instagram:https://www.instagram.com/alnile_medical

Lab Report

Patient Name:	SAROV PUTHIYA PARAMBAN		Date:	30/12/2025 11:41:57
File No:	25021544	Age/Gender: 32y 1m 29d / M	Sid No:	Bill#60103
Payer Name:			Collection Date & Time:	30/12/2025 11:41:47
Insurance Card No:	--		Received Date & Time:	30/12/2025 11:41:57
Doctor:	Dr. Ali Mohammad Ghassah		Reported Date & Time:	30/12/2025 11:56:59
Billing Time:	30/12/2025 10:36:59	Mobile: 90115842	Id Card No.:	109391868

Test Name	Result	Biological Reference
HBA1C	8.3 %	4.0 - 6.0

2025-12-30 12:06:45
End of Report

AL NILE HOSPITAL

Technician: Hajar Mohammed
Hussin Mousa
License No: 9245

Alnile
Medical Complex
مجمع النيل الطبي

P.O.BOX:300, POSTAL CODE – 611 NIZWA, SULTANATE OF OMAN C.R.NO.1128642
PH : 25426665, 25426228 \ WHATSAPP:94146648
Instagram:https://www.instagram.com/alnile_medical

Medical Report

Patient Name: SAROV PUTHIYA PARAMBAN		Date: 30/12/2025 12:25:34
File No: 25021544	Age/Gender: 32y 2m 0d / M	Nationality: India
Payer Name: --		Doctor: Dr. Bassel Ali Al Ratel
Insurance Card No:	ID Card No: 109391868	Phone: 90115842

Vitals:-

Temperature	BP (SBP/DBP)	Pulse Rate	Respiratory Rate	Weight	Height	SPo2	RBS:	Pain Level	Abdominal Circumference	Head Circumference	CVP	Body Mass Index
37.5° C	130 / 88 mmHG	72 bpm	0 bpm	0.0 kg	0.0 cm	98 SP02	8.0	0	0.0	0.0		0.0

Chief Complaints:-

high HbA1c

Patient History:-

The patient was referred by their general practitioner for evaluation of elevated HbA1c at 8.3%, hypercholesterolemia (TC= 225mg/dl and LDL 157 mg/dl) The patient is undergoing evaluation for contract renewal with Truck Oman Company and is employed as a workshop supervisor. Regarding symptom: the patient denies visual disturbances, chest pain, palpitations, polyuria, polydipsia, but he reports a foamy urine, mild exertional dyspnoea which he relates to being overweight. Past medical history is unremarkable. Family history is significant for a T2DM in his father, The patient smokes lightly, consumes alcohol occasionally about 120 ml twice weekly, and moderately consumes caffeine. Dietary habits reveal overconsumption of carbohydrates and sugary drinks. Physical examination reveals respiratory and cardiovascular systems within normal limits. Abdomen is soft and non-tender. The patient is overweight.

Radiology Report:-

ECG: Sinus rhythm. Regular. normal axis. heart rate 70 bpm. P-waves, QRS complex. and T-waves within normal limits. No ST segment deviation. conduction abnormalities. or pathologic Q waves. Normal QT interval.

Management Plan:-

assessment: - the patient is newly discovered T2DM, hypercholesterolemic and fatty liver. - Anti-diabetic medication was initiated. - further tests to address his urinary problem and exertional symptoms has been ordered. - Low fat, low carb and rich in fibers Diet, lifestyle modification and exercise have been emphasized. - Advise to stop smoking. - Reduction of alcohol consumption is also emphasized. - Weight reduction plan has been agreed on. - Urine albumin to carry atenine ratio test excluded significant proteinuria. - A new appointment for reassessment has been scheduled after three months. - The patient is deemed fit to resume his job as a supervisor for Truck Oman Company.

Investigations:-

No.	Internal Code	Name
1		URINE PROTEIN / CREATININE RATIO

Alnile
Medical Complex
مجمع النيل الطبي

P.O.BOX:300, POSTAL CODE – 611 NIZWA, SULTANATE OF OMAN C.R.NO.1128642
PH : 25426665, 25426228 \ WHATSAPP:94146648
Instagram:https://www.instagram.com/alnile_medical

Procedures:-

No.	Internal Code	Name
1	93000	ECG

Prescriptions:-

No.	MOH Code	Medicine	Dosage	Duration	Remarks
1		GALVUSMET TAB 50/500 605		30 Days	

Dr. Bassel Ali Al Ratel

Licence Number : 19770

2026-01-01 10:25:50

End of Report

Alnile
Medical Complex
مجمع النيل الطبي

P.O.BOX:300, POSTAL CODE – 611 NIZWA, SULTANATE OF OMAN C.R.NO.1128642
PH : 25426665, 25426228 \ WHATSAPP:94146648
Instagram:https://www.instagram.com/alnile_medical

Lab Report

Patient Name:	SAROV PUTHIYA PARAMBAN		**Date:**	30/12/2025 13:53:33
File No:	25021544	**Age/Gender:** 32y 2m 0d / M	**Sid No:**	Bill#60156
Payer Name:			**Collection Date & Time:**	30/12/2025 13:46:43
Insurance Card No:	--		**Received Date & Time:**	30/12/2025 13:53:33
Doctor:	Dr. Bassel Ali Al Ratel		**Reported Date & Time:**	31/12/2025 20:41:22
Billing Time:	30/12/2025 12:46:06	**Mobile:** 90115842	**Id Card No.:**	109391868

Test Name	Result		Biological Reference
URINE PROTEIN / CREATININE RATIO			
Total Protein - Spot Urine	result	unit	ref. range
	5.60	mg/dl	Up To 15
	56.00	mg/l	(0 - 150)
Creatinine - Spot Urine	result	unit	ref. range
	65.49	mg/dl	(39 - 259)
Urinary Protein/Creatinine Ratio	result	unit	ref. range
	0.08	Ratio	<0.2 Results >2.5 suggests presence of Nephrotic range proteinuria

2026-01-01 10:11:35
End of Report

Technician: Hajar Mohammed
Hussin Mousa
License No: 9245

Alnile
Medical Complex
مجمع النيل الطبي

P.O.BOX:300, POSTAL CODE – 611 NIZWA, SULTANATE OF OMAN C.R.NO.1128642
PH : 25426665, 25426228 \ WHATSAPP:94146648
Instagram:https://www.instagram.com/alnile_medical

Lab Report

Patient Name:	SAROV PUTHIYA PARAMBAN		**Date:**	30/12/2025 11:41:57
File No:	25021544	**Age/Gender:** 32y 1m 29d / M	**Sid No:**	Bill#60103
Payer Name:			**Collection Date & Time:**	30/12/2025 11:41:47
Insurance Card No:	--		**Received Date & Time:**	30/12/2025 11:41:57
Doctor:	Dr. Ali Mohammad Ghassah		**Reported Date & Time:**	30/12/2025 11:56:59
Billing Time:	30/12/2025 10:36:59	**Mobile:** 90115842	**Id Card No.:**	109391868

Test Name	Result	Biological Reference
HBA1C	8.3 %	4.0 - 6.0

2025-12-30 18:54:28
End of Report

AL NILE HOSPITAL

Technician: Hajar Mohammed Hussin Mousa
License No: 9245

AL NILE HOSPITAL

2025-12-30 13:11:45
Name :SAROV
Sex :Male Age :0
Section: DR.BASSEL
RoomID:
BedID:
ID:
Operator: MAYA

Data for reference only:

HR	bpm	:	59
PR Interval	ms	:	154
P Duration	ms	:	114
QRS Duration	ms	:	88
T Duration	ms	:	193
QT/QTc	ms	:	403/400
P/QRS/T Axis	deg	:	33.0/4.0/15.1
R(V5)/S(V1)	mV	:	1.09/0.87
R(V5)+S(V1)	mV	:	1.96

<< Conclusions >>

Sinus mode Bradycardia;
Longitudinal Left axis deviation;

Report need physician confirm

Physician:

Patient Name: SAROV PUTHIYA PARAMBAN
File No: 25021544
Age: 32y 1m 29d
Gender : Male
Nationality: India

AUTO 10mm/mV

I
II
III
aVR
aVL
aVF

10mm/mV

V1
V2
V3
V4
V5
V6

0s 1s 2s 3s 4s

25mm/s AC50Hz+EMG45Hz+DFT1Hz+LPF150Hz

Alnile
Medical Complex
مجمع النيل الطبي

P.O.BOX:300, POSTAL CODE – 611 NIZWA, SULTANATE OF OMAN C.R.NO.1128642
PH : 25426665, 25426228 \ WHATSAPP:94146648
Instagram:https://www.instagram.com/alnile_medical

Prescription

Patient: SAROV PUTHIYA PARAMBAN	**Prescription ID :** PRES2026/039866
MRN: 25021544	**Prescription Date :** 01/01/2026 10:24:14
Prescribing Doctor : Dr. Bassel Ali Al Ratel	**Patient Age:** 32y 2m 0d
Patient Contact: 90115842	**Company:**
Patient Weight: 0.0	**Plan:**

Kidney Disease	No	Heart Disease	No	Liver Disease	No

Allergy:

Diagnosis:

Prescription Details

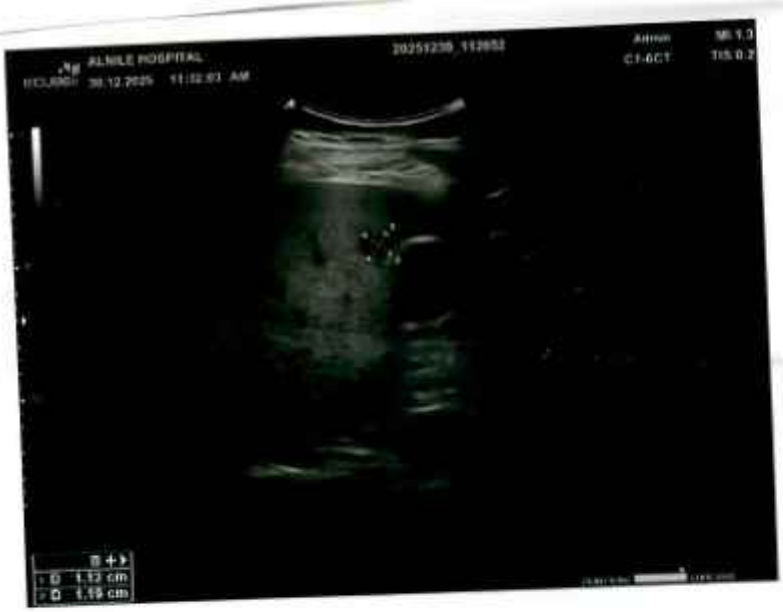
Medicament	Dose	Unit	Frequency	T. Duration	T. Period	Remarks
GALVUSMET TAB 50/500 60S			bid	30	Days	

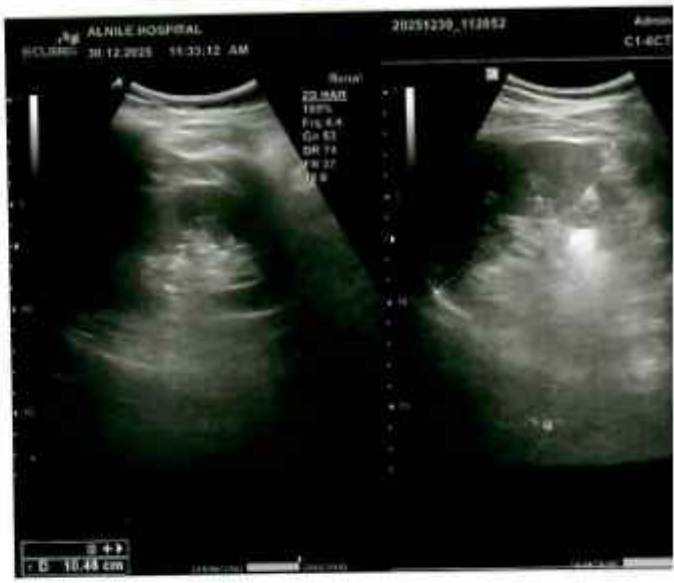
Notes:

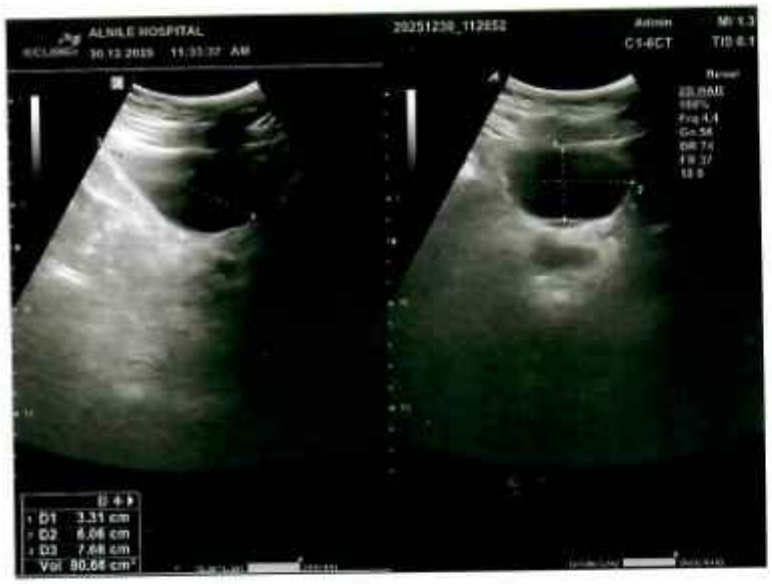
Doctor Signature:

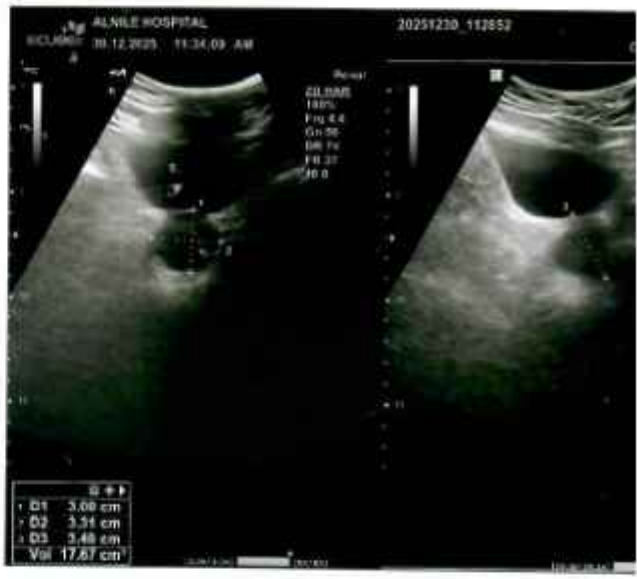
Prepared By: Dr. Bassel Ali Al Ratel
Printed On: 01/01/2026 06:24

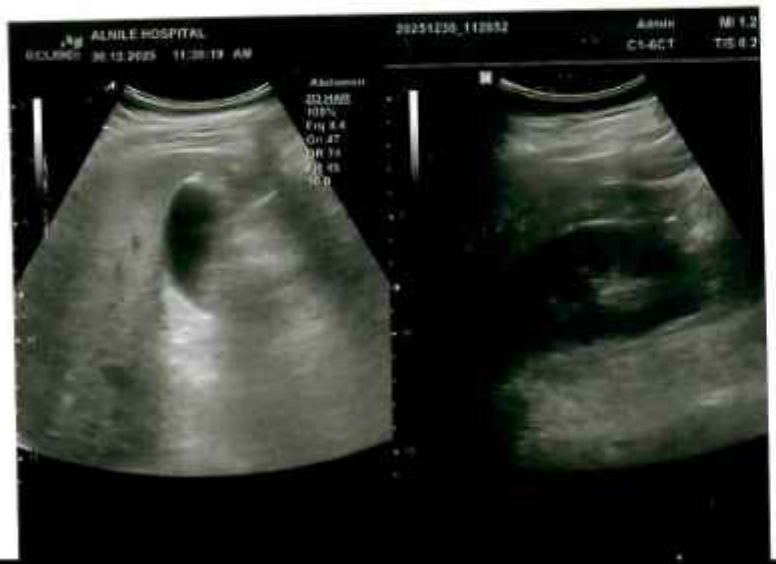
Alnile Medical Complex
الدكتور / باسل علي الراتل
DR. BASSEL ALI ALRATEL
Consultant Internal Medicine And Diabetology Specialist

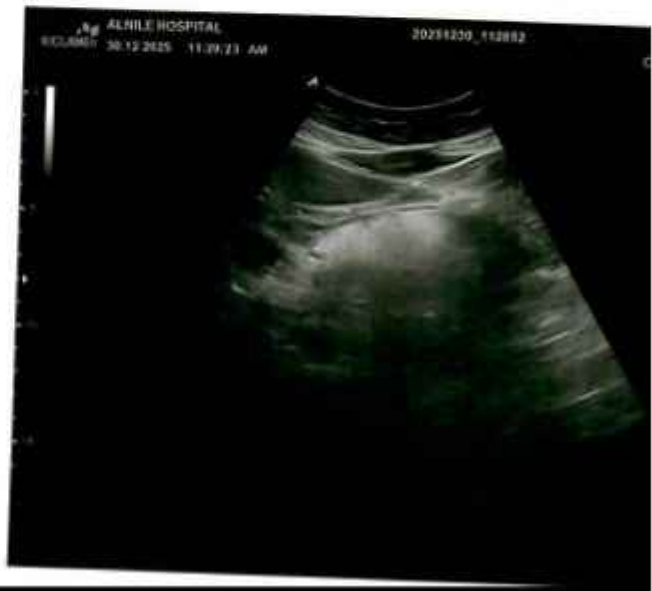

ALNILE HOSPITAL
20251230_112852
C1-6CT


ALNILE HOSPITAL
20251230_112852
C1-6CT


ALNILE HOSPITAL
20251230_112852
C1-6CT
D1 3.31 cm
D2 6.06 cm
D3 7.68 cm
Vol 80.66 cm³


ALNILE HOSPITAL
20251230_112852
D1 3.00 cm
D2 3.31 cm
D3 3.48 cm
Vol 17.67 cm³


ALNILE HOSPITAL
20251230_112852
C1-6CT


ALNILE HOSPITAL
20251230_112852