



شركة الرعاية العالمية
لادارة النفايات الطبية

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10202500057

Authorized Doctor's Name	Doctor's Blood Type
Subscriber Name Test Users	Doctor's Visit Date 26/10/2025
Patient's Name Test Users	Patient's Age 0.70
National ID Card	Marital Status

Initial Diagnosis

Initial Symptoms and Procedures

Date of Onset of the Disease or Its Symptoms for the First Time

Diagnosis

Patient's Signature

Doctor's Signature

11

Doctor's Stamp

A large, empty rectangular box with a blue border, occupying most of the page.

The claim shall not be processed without the doctor's CD code and the patient's signature.

The claim must be entered into the company's approved systems.

This copy remains with the doctor for accounting purposes.

Date of Tests Conducted

Doctor's Signature and Stamp

This copy remains with the laboratory for accounting purposes.
And it remains valid for three days from the date of the test.

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