

Patient Demographics and Clinical Report

Basic Information

Full Name: Emmanuel Ndayishimiye

Date of Birth: NA

Gender: NA

Medical Record Number: NA

Contact Information

Address: Kacyiru area of Kigali

Phone Number: +250 788 000 111

Email: NA

Insurance Information

Provider: NA

Policy Number: NA

General Coverage Details: NA

Medical Service Details

Service Request Details: ultrasound

Specimen Information: NA

Clinical Context & History

Encounter Information (Diagnoses etc.): acute appendicitis

Observation Information (LMP, Pregnancy Status etc.): sharp pain in his lower abdomen

Procedure History: surgery

Medication Request History (Hormone Therapy etc.): medication to manage his pain, prescription

Other Relevant Information

Visited Kigali Hope Medical Center on June 12, 2025, and was discharged on June 15, 2025.