## **UCAF 2.0**

To be completed and ID verified by	F	Print/Fill in clear letters or Emboss Card:											
Provider Name: Consultant Radiologists (Riyadh Scan)					Insured Name: hasan abdullah awadh abdullah								
Insurance Company Name: Malath					ID. Card No: 002303488437001 National ID: 2303488437								
TPA Company Name:				s	Sex: Male Age: 33 Year								
Patient File Number:				P	Policy Holder: Precious Jewels Foundation for Precious Metals								
Dept: Radiology Specialty				P	Policy No: 24559892								
Single ( ) Married	( )	Plan Type	, ( )	N	Member Since:					Member Type:			
Date of visit: 28/04/2025 08:14:00 PM	E	Expiry Date: 14/08/2025 12:00:00 AM					Class: b3s						
New visit Follow Up	Α	Approval Reference Number: 39542420											
( ) ( ) ( √ ) Approval Date/Time: 28/04/2025 20:16:47					Approval Status: Approved					Approval Type: Professional			
	I.					(OutP	atient )						
Approval Validity: 7 Days		Message:	Paver Add	litional adi	udication	Paver.	THE DEOL	IESTED SED	RVICE DOES NOT				
		EQUIRE PRIO											
				E	XCLUSIONS.,								
To be Completed by the Attending	PHYSICIAN: Please	tick ( 🗸 )											
	ent ( ✓ )		ency Case	( ) 10	mergency Co	ase Level:		1 :	2 3	3 4	5		
Physician Name [ID]: KHALED ALY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Emerge	ency case	, , ,	inergency Co	ase Level.			2 3	3 4	5		
BP: - Pulse:	Temp: 34.5		Weight:		Heigh	+		R.R:			Duration	n of Illness:	
Chief Complaints and Main Symptoms:	•	od from an	-	der for et s	_	L		K.K.			Duration	Tor inness.	
Siginficant Signs:	bear ar "parrelene	a nom an	otilei piovic	del loi ct s	scuri								
Possible Line of Treatment													
Other Conditions:													
Diagnosis													
Principal Code: G44-Other headache	syndromes	2 <sup>nd</sup> Code:					3 <sup>rd</sup> C	ode:					
4 <sup>th</sup> Code:		5 <sup>th</sup> Code:					6 <sup>th</sup> C	ode:					
Please tick (✓) where appropriate			/	,			,	,				,	
Chronic ( ) Congenital ( ) RTA ( )					Work Related ( ) Vaccination ( )								
at - 1						_	,				/		
	sychiatric ( )		Infertility			-	ancy (	)		Indica	te LMP: (	)	
Check-up ( ) Ps Suggestive line(s) of management: Kind	•		d investigatio	ons, and/o	<del>-</del>	For outpati	ent approv	rals only:		Indica	te LMP: (	)	
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Signature ...

Date: ...../....

Approved/Disapproved By ..

