



**OUT PATIENT CLAIM FORM**

Name of the Patient	AL RAYAN AL AMRI			Age		Sex	
VBC Card No				Corporate Name			
Name of the Employee				Employee No			
Relation				Patient Phone No:			
Diagnosis:							
Procedure:							
Nature of the illness with Presenting Complaint							
History of any past illness relevant to present disease							
Whether present ailment is a complication of any pre-existing disease /operation?							
In case of ACCIDENTS: Y / N				Is it RTA, if yes Date of Injury			
Alcohol or Drug intoxication Y N				Alcohol or Drug intoxication Y N			
Vitals:	BP		Pulse		Temperature		
Duration of ailment							
Period of Treatment				From		To	
Name of the Doctor							
Name of the Hospital/Clinic							
Address of the Hospital/Clinic							
Service Name	Description				Riyals	Baizas	
Consultation							
Medicines							
Lab Tests							
Total RO In Words							

Signature of the Patient

Date

Doctors Signature & Stamp



OMAN  
INTERNATIONAL  
HOSPITAL  
MANAGED BY IDEALMED OHS  
مستشفى عمان الدولي  
بمسؤولية طبية

Al Afia Healthcare Development &  
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Muscat  
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INVOICE NO. I  
OIHOP2022/74136



2022-11-02 - Original

## VIPUL BETTER CARE MANAGEMENT SERVICES

Patient No. 9008401  
Name AL RAYAN ZAKARYA NASSER AL AMRI  
Policy No. P-1000-102-2021-00374

CR NO.: 1281919

DESCRIPTION	UNIT	GROSS	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE
PHARMACY		5.410			
ZYRTEC ORAL DROPS 10MG / ML 10ML					
2022-11-02 M-001467	1.00	2.360	0.000	0.118	2.242
ADOL SYRUP 120MG/5ML 60ML ( PARACETAMOL)					
2022-11-02 M-001544	1.00	0.450	0.000	0.022	0.428
DICLODYNE 12.5 MG SUPPOSITORY 5'S ( DICLOFENAC SODIUM )					
2022-11-02 M-002091	20.00	2.600	0.000	0.130	2.470
		GROSS TOTAL	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE
		5.410	0.000	0.270	5.140

Patient Share: 0.270 Two Hundred Seventy Baisa

VIPUL BETTER CARE MANAGEMENT SERVICE Total: 5.140 Five Rial Omani and One Hundred Fourty Baisa

## PRESCRIPTION

**AL RAYAN ZAKARYA NASSER AL AMRI**

Patient No. 9008401  
Gender Female  
Birth Date 2019/06/12  
Mobile No. 99628666  
Nationality Country Oman  
Insurance VIPUL BETTER CARE MANAGEMENT  
SERVICE  
Policy No.

NO.	MEDICATION	INSTRUCTIONS	DURATION	QUANTITY	REFFIL
1	TYLENOL 200MG SUPPOSITORIES-10'S ( PARACETAMOL )		3 days	1	4h
2	JUSTIN 12.5 SUPPOSITORIES 5'S ( DICLOFENAC SODIUM )		3 days	1	6h
3	ADOL SYRUP 120MG/5ML 60ML ( PARACETAMOL )	8ml	3 days	1	4h
4	ZYRTEC ORAL DROPS 10MG / ML 10ML	5drops	5 days	1	OD

Dr. Amal Zamzam

Doctor's signature