

Medical No. 2

Rs. 10/-

No.

OUT-PATIENTS DEPARTMENT

NAME.....

YEARLY NO.....

DATE.....

No.

Rs. 10/-

OUT-PATIENTS DEPARTMENT

NAME..... Gul Nawaz

YEARLY NO..... 1

DATE..... 6-04-2024

DISEASE.....

FACE VALUE RUPEES 10/- FACE VALUE RUPEES 10/-

Hx

RTA

Right shoulder
Pain

inj - Motor 1st State

Refer to KTH
for further treatment


MO I.C. BHU
SHAGI BALA



Kyber Teaching Hospital

Medical Teaching Institution Peshawar.

Invoice

S. No: 589

Date: 22/4/24

Patient Name: Gal Nawaz

MR No. 4561152

Procedure: Stitch removal

Referred by: Dr. Imran

Amount: PKR 3000

Signature [Signature]

SHIFA MEDICAL STORE

CHEMIST & DRUGGIST

Opposite Casualty Gate Khyber Teaching Hospital
University Town, Peshawar.
Mob: 0313-9570070

RSL-852

No. _____

Date 22 Apr 24

Name: _____

Col. Nawaz

Qty.	PARTICULARS	Rate	Amount	
			Rs.	Ps.
4)	Tab Zolox Surg	219	876	
3)	Tab Methin	1000	3000	
		Total	3876	


Signature

F



DUPLICATE

Patient Name: GUL NAWAZ
 Father/Husband Name: HAIDER KHAN
 Diner MRNO Name:
 Sex: Male Age: 35 Year(s)
 Date of Birth: 07-04-1989 NIC #: 1730143786693
 Address: TANGI PAYAN Peshawar Pakistan
 Phone Number: 92 0301 8652939

Medical Record No.: 000-04561152
 Order #: 24-0575188
 Invoice #: K03241835137
 Invoice Date: 22-APR-2024 04:34 PM
 Receipt #: K03240844754

Sl. No.	QTY	Description	Stat	Qty	Rate	Total	Discount	Amount	Report Date	Doctor Name	Remarks
Radiology-KTH											
1	NO	XRAY DIGITAL HAND, TWO VIEWS	NO	1	250.00	250.00		250.00	24-04-2024 09:00 PM		
2	NO	XRAY DIGITAL ANKLE (TWO VIEWS)	NO	1	250.00	250.00		250.00	24-04-2024 09:00 PM		
Total Amount								500.00			
Cash								500.00			

Running Balance Advance: 0

Receipt

Payment Mode	Cheque/Cc No	Bank / Branch	Validity Date	Amount	Currency	Rate	Amount Rs
CASH				500.00	PAKISTANI RUPEE	1	500.00

Receipt No: K03240844754

Received with thanks from: GUL NAWAZ

Amount of Rs: 500.00 on account of above mentioned services.

NOTE

Print Date:	22-APR-2024 04:16 PM	Invoice Trn Date:	22-APR-2024 04:34 PM	Object Code:	500RF-P00078
Print User:	K03000000155	Invoice Trn User:	K03000000155		
Printed:	WASKH114	Invoice Trn Terminal:	KTH-0517		Page 1 of 1



7

IBP MUHAMMAD IMRAN KHAN - OR

Token# 480

Appointment Time : 15:50

Serial # : 489761

M.R. No : K0300004561152

Invoice # : K03241833755

Name : Gul Nawaz

Father/Husband : HAIDER KHAN

Gender : Male

Amount Paid : 1,200.00

Age : 35 Year(s)

Date : 22-APR-24 15:47:47

Complaints :

flattening of humerus 2/2

Findings :

x-ray of shoulder -> RP 20

Investigations :

Teb. Zeeloe Sung

Teb. Methix

Diagnosis :

Signature of Dr. Muhammad Imran Khan

Dr. Muhammad Imran Khan
FCPS (Orthopaedic Surgery)
Assistant Professor Orthopaedic
KMC/KTH Peshawar

Remove stitches -

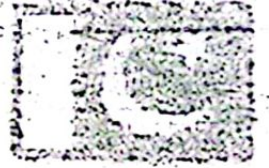


Remove 9x20-0



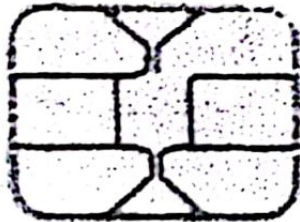
PAKISTAN National Identity Card

ISLAMIC REPUBLIC OF PAKISTAN



Name
Gul Nawaz Khan

گل نواز خان



Father Name
Haider Khan

حیدر خان



Gender	Country of Stay
M	Pakistan

Identity Number	Date of Birth
17301-1553717-9	21.02.1989

Date of Issue	Date of Expiry
23.10.2022	23.10.2032

Holder's Signature

موجودہ پتہ: گلگلی پایان، ڈاکخانہ نحتی، پشاور

17301-1553717-9



مستقل پتہ: گلگلی پایان، ڈاکخانہ نحتی، پشاور

M. Farooq

Registrar General of Pakistan

512641077537

گمشدہ کارڈ ملنے پر قریبی لیٹر بکس میں ڈال دیں

MTI Khyber Teaching Hospital

Chakralar, Peshawar, Pakistan Phone: 091 92243000 Fax:

091 92243001 Website: <http://www.mti.edu.pk>

INVOICE RECEIPT

Order No: 240765045

Inv Date: 07-APR-24 12:43

Inv No. K03241605728

Access code . 32237476

MRNO: ACE01291404

Patient Type ACUTE EME

GUL NAWAZ

Sr Item Description

Amount

1 Anti HIV (By ICT)

200

2 VIRAL PROFILES (HBsAg + AntiHBe)

10

Total Amount

210 00

Cash

210 00

07-APR-2024 12:43:04 AM CASH RECEIPT

07-APR-2024 12:43:04 AM CASH RECEIPT

MTI, Khyber Teaching Hospital
University Road, Peshawar, Phone: 091-9221400, Fax:
Email: info@kth.edu.pk Website: http://www.kth.edu

INVOICE RECEIPT

Order No: 240774794 Inv Date: 09-APR-24 08:03
Inv No: K03241626300 Access code :
MRNO: 00004561152 Patient Type: BP
 Gul Nawaz

Sr	Item Description	Amount
1	XRAY DIGITAL SHOULDER x 2 VIEWS	250
	Total Amount	250.00
	Cash	250.00

09-04-2024 08:03 AM OPD-C3P1

S08RE

MTI, Khyber Teaching Hospital
University Road, Peshawar Phone 091-9224400- Fa
Email info@kth.edu.pk, Website http://www.kth.edu

INVOICE RECEIPT

Order No:240770547 Inv Date: 08-APR-24 11:05
Inv No: K03241617222 Access code : 82983396
MRNO:00004561152 Patient Type REGULAR
Gul Nawaz

Sr	Item Description	Amount
1	LFT (T.BILI, ALP, ALT)	Free
2	ELECTROLYTES (Na, K, Cl)	150
3	XRAY DIGITAL CHEST PA VIEW (SINGLE VIEW)	150
4	CBC + Manual Differential (3 Parts)	Free
5	RFT (CREA, BU)	Free
6	BLOOD GROUP + Rh TYPE	100
Total Amount		750.00
Cash		400.00
Charge to Hospital		350.00

08-04-2024 11:05 AM - - OPD-C5P1

S03FE

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MTI, Khyber Teaching Hospital
University Road, Peshawar. Phone 091-9224400-, Fax
Email: info@kth.edu.pk, Website: http://www.kth.edu.

INVOICE RECEIPT

Order No:240768981 Inv Date: 08-APR-24 09:48
Inv No: K03241614695 Access code :
MRNO:00004561152 Patient Type REGULAR
 Gul Nawaz

Sr	Item Description	Amount
1	CT Joints	3,000
	Total Amount	3,000.00
	Cash	3,000.00

MTI, Khyber Teaching Hospital
University Road, Peshawar Phone 091-9224400-, Fa
Email info@kth.edu.pk, Website http://www.kth.edu

INVOICE RECEIPT

Order No:240803684 Inv Date: 15-APR-24 01:18
Inv No: K03241692414 Access code :
MRNO:00004561152 Patient Type REGULAR
Gul Nawaz

Sr	Item Description	Amount
1	XRAY SHOULDER x 1 VIEWS	150
Total Amount		150.00
Cash		150.00

15-04-2024 01:18 PM - - OPD-C5P1

S08RE

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in 2:- Gavi nat (1)

in 3:- Aymentening
(2)

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1:2y

110 Set

2^r ^② mania

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1com1 ①

ECG report

No : 2018076221529
Name :
Gender :
Age :
Der :
BECNO :

Gul Praveen



0.25Hz AC 50Hz 15mm/s 10mm/m IMAC 300 1.0.2022 Sequential

MTI, Khyber Teaching Hospital

University Road, Peshawar.. Phone: 091-9224400-, Fax:
Email: info@kth.edu.pk, Website: http://www.kth.edu.pk



VIEW: 08-Apr-2024 13:31:38

Chemical Pathology Report

Page 1 of 1

MRNO : K03-00004561152

Name : Gul Nawaz

Age/Sex : 35 Year(s)/Male

Phone : 92 0301 8852939,

Address : TANGI PAYAN, PESHAWAR - PAKISTAN

Ordered By : Khalid Durrani

In-house Consultant :

Report Destination :

Requested : 08-APR-2024 11:04:37

Specimen Received : 08-APR-2024 11:09:22

Reported : 08-APR-2024 11:51:36

Chemistry - I

TEST(s)	NORMAL	UNIT(s)	03RCH24029246 08-APR-2024 11:51:36
SODIUM	135 - 150	mmol/L	140
POTASSIUM	3.5 - 5.1	mmol/L	6
CHLORIDE	96 - 112	mmol/L	102

Note : Lab values should always be correlated with clinical picture.
Normal Range(s) and Unit(s) shown are for most recent results.



Medical Record Number: K030004561152	Ward / Bed : ORTHOPAEDIC A/ORTHO-A-31(M)
Name : Gul Nawaz	Admission No : K0324000031999
Gender : Male	Admission Date : 07-APR-2024 13:13:49
Age : 35 Year(s)	Admission Status : Emergency
Weight(kg) :	Discharge No : 24000032842
Address : TANGI PAYAN Peshawar Pakistan	Discharge Date : 09-APR-2024 10:01:01
City : Peshawar, Pakistan	Discharge Status : Improved
Person Phone :	Primary Consultant :
Home Phone :	Admitting Consultant : MUHAMMAD AYAZ
Patient Type : IDP	

Diagnosis During This Admission :

09-APR-24 09:56:37 rt proximal humerus orif + shoulder reduction

Background Medical Problem(s) (List any chronic medical conditions that the patient may have, such as diabetes mellitus, asthma, hypertension etc.):

Reason for Admission:

ORIF + SHOULDER REDUCTION

Significant Physical Findings on Admission :

PAIN

Diagnostic & Therapeutic Procedures Performed :

ORIF + SHOULDER REDUCTION

Instructions:

✓ Inf. Keflex 600p
 is @ 4h
 ✓ Inf. Kefton 1000
 is @ 4h

is @ 4h
 Inf. Kefton 1000

is @ 4h
 Inf. Kefton 1000
 is @ 4h

is @ 4h
 Inf. Kefton 1000

Electronically verified, no signature(s) required.

Hameed Ullah
 Trainee Medical Officer



ORTHOPAEDIC

Token# 191

Appointment Time : 13:10
M.R. No : K0300004561152
Name : Gul Nawaz
Gender : Male
Age : 35 Year(s)

Serial # : 450041
Invoice # : K03241692221
Father/Husband : HAIDER KHAN
Amount Paid : 30.00
Date : 15-APR-24 13:08:27

Complaints:

Shoulder Reduction.

greater tuberosity #.

Findings

ORIF done 1 week back

Adv: change of Dressing.

Investigations :

x-ray Rt shoulder, - AP.

Diagnosis :

Teb. Wing Boong
in.

Teb. Zeeloe Surg.
in

Teb. calp - D.
in

Complete Bed Rest
for one week

Signature

Signature

Cost of procedure.

- Surgeon fee — 25000/=
- OT charges — 15000/=
+ Image
- Anaesthetist fee — 6000/=
- Medicine charges — 14000/=

Total = 60000/=

?

@
Khan

Dr. Muhammad Imran Khan
Asst Prof: Orthopaedic A Ward
Khyber Medical College, KFH



Note: Please don't leave any blank, unanswered question, date and/or signature, wherever applicable

Section I. Policy holder's information

Name of Policy Holder <u>Gul Nawaz Khan</u>		
Takaful Policy No.	Takaful Policy Commencement Date.	
Designation <u>ULPO</u>	Phone No / Mobile No <u>0312-2828186</u>	E-mail address <u>gulnawaz5042@janil.com</u>
Employee's Name <u>Gul Nawaz Khan</u>	CNIC <u>17301-1553717-9</u>	
Employee's Address <u>Village Shagi Payan Post Office Nawaz</u>		
Employee's Date of Birth <u>21/02/1989</u> Age <u>35 year</u>	S. No. on list	

Section II (to be completed in Full by the Employer)

Employee's Date of Appointment <u>15/01/2019</u>	Employee's Effective Date of Takaful <u>15/01/2019</u>	Last Day Worked <u>6/4/2024</u>	Returned to Worked <u>22/4/2024</u>
Reason for Stopping Work <u>Pain, Restricted Movement on Rt Shoulder, Rt Shoulder Dislocation + proximal Humerus Fracture</u>			
Gross Earning from Salary/Wages Rs. <u>65000</u> per month	Amount of Takaful cover Rs.	What is the present employment status of the employee <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Terminated <input type="checkbox"/> On Sick Leave <input type="checkbox"/> Temporary Laid off	
Amount of Claim <u>80000</u>	Title of Cheque		
Claimant Name <u>Gul Nawaz Khan</u>	Telephone No <u>0312-2828186</u>		
Date of Statement <u>9/4/2024</u>			
Employer Signature <u>[Signature]</u>	Company Stamp		

Section III (to be completed in Full by the Patient/Employee)

Type of disability claim? <input type="checkbox"/> Natural (Sickness) <input checked="" type="checkbox"/> Accidental	Please describe how and where the disability/accident occurred <u>During field visit accident on Bike on the Road of Mughbaya Kotora Near BH-U Shagi Bala.</u>		
Date of Accident or the date I first Noticed the symptoms of this was <u>6/4/2024</u>	(a) Is your accident or illness related to your occupation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if "Yes", Please explain <u>near BH-U shagi</u>		
I (was/have) unable to work because of this disability starting on <u>6/4/2024</u>	<u>During field visit accident on Bike on the road of Mughbaya Kotora</u>		
On What date did employer discontinue your monthly salary/wages <u>NO</u>	I (returned/was able to return/will be able to return to work on a full time basis on <u>22/4/24</u>		
Date I was first treated for this accident or illness <u>6/4/2024</u>	Treated by <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Doctor Name <u>Muhammad Farhan Khan</u> Address <u>RTH</u>		
Have you ever had the same or Similar condition in the past? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", when	Treated by <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Doctor Name <u>RTH</u> Address <u>Peshawar (KP)</u>		
I certify that the above information is true and correct. I AUTHORIZE any doctor, medical practitioner, hospital, clinic, other medical or medically related facility or insurance company of employer have information available regarding the benefit or the diagnosis, treatment or prognosis with respect to any physical or mental condition and/or treatment of me to give Pak-Qatar Family Takaful Limited, or its representatives and all such information. I AGREE that a photographic copy of this Authorization will be valid as the original. this authorization will remain valid for the term of coverage of the policy			
Date of Statement:	Signature of Employee: <u>[Signature]</u>	Telephone No.	

PAK-QATAR FAMILY TAKAFUL LIMITED

102-105, Business Arcade, Block-6, P.E.C.H.S, Shakra-e-Faisal, Karachi 75400, Phone: (92-21) 34311747-56 (Ext-162)
 Fax: (9221) 34386451, UAN: 021-111-TAKAFUL (825238), Email: life.claims@pakqatar.com.pk, www.pakqatar.com.pk



Note: All answers must be in the physician's handwriting

Patient Information

Name of Patient	Gul Nawaz	Date of Birth	21-02-1989
Patient's Address	Peshawar		

Employer Information

Name of Employer	Gul Nawaz
------------------	-----------

1. History

(a) Date doctor first consulted due to disability	6-4-2024
(b) Date symptoms first appeared or accident happened	6-4-2024
(c) Date patient ceased work because of disability	6-4-2024
(d) Has patient ever had same or similar condition?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, state when and describe
(e) Is condition due to injury or sickness arising out of patient's employment?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, state when and describe
(f) Name the first doctor with full address, consulted by the claimant for the above disability/accident!	

Name of Doctor	Dr. Muhammad Imran	Mobile No	
Address	Khyber Teaching Hospital Peshawar		

2. Diagnosis

(a) Date symptoms first appeared or accident happened	6-4-2024
(a) Diagnosis (including any complications)	Shoulder Dislocation, Rt Proximal Humerus Fracture
(c) Subjective symptoms	Pain Rt Shoulder, Dislocation ROM (R)
(d) Objective findings (including current X-rays, ECG's, Laboratory data any clinical findings):	
(1) Clinical Findings	Restricted Movement on Rt Shoulder, Rt Shoulder Dislocation
(2) Diagnosis Studies and results:	Dislocated Rt Shoulder + Proximal Humerus #

3. Progress

(a) Patient is	<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Bed Confined	<input checked="" type="checkbox"/> House Confined	<input type="checkbox"/> Hospital Confined
(b) Patient has	<input type="checkbox"/> Recovered	<input type="checkbox"/> Improved	<input checked="" type="checkbox"/> Stabilized	<input type="checkbox"/> Retrogressed

4. Prognosis

(a) Is the disability presumed to be reversible	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(a) Is patient now capable of performing duties of	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(c) What duties of his or her job is patient incapable of performing?	physical activity
(d) Do you expect a fundamental or marked change in future?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If yes, patient should recover sufficiently to perform duties on or about one week
If No, Please explain _____

(e) Specify the date by which you presume that the patient will be able to resume his duties/work

Totally Partially Temporarily Permanently

Remarks

Declaration: I hereby declared that the above statements are true and complete to the best of my knowledge.

Attending Physician's Name	Dr. M Imran Khan	Telephone No	03430934454
Address	KTH Peshawar	Date	22/04/24
Speciality	Dr. Muhammad Imran Khan FCPS (Orthopaedic Surgery) Assistant Professor Orthopaedic KTH Peshawar	Signature	<i>[Signature]</i>

PAK-QATAR FAMILY TAKAFUL LIMITED

102-105, Business Arcade, Block-6, P.E.C.H.S, Shahira-e-Faisal, Karachi 75400, Phone: (92-21) 34311747-56 (Ext-162)
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