

برائے مہربانی اس سٹیپ کو ۱۲ ماہ تک اپنے پاس محفوظ رکھیں۔ - Kindly retain the slip for the period of 12 Months

Kindly retain the slip for the period of 12 Months



1000

STATE BANK OF PAKISTAN
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CHIEF EXECUTIVE OFFICER
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STATE BANK OF PAKISTAN
HEAD OFFICE
CHIEF EXECUTIVE OFFICER

The Aga Khan University Hospital

Receipt No : 1011208030
Issuing Date : 13/08/2024 11:29 AM



Admission # : 114200163
MR # : 362-53-97
Patient Name : SHARIF MOHAMMED SAWAR GUL
Payment Mode : HBL Credit Card
Visit Type : INPATIENT
Billing Location : IN
Payment Type : ADDITIONAL DEPOSIT
Amount (in numbers) : Rs. 100 000 00
Amount (in words) : Rs. One Hundred Thousand Only
Document No : 464951*****3624
Branch No : mzn
Remarks : 024827

REFUND(S) DUE IF ANY, WILL ONLY BE PROCESSED UPON PRODUCTION OF THIS DOCUMENT THROUGH THE SAME MODE WITH WHICH PAYMENT WAS MADE

Cashier's Signature : sbisyed zeeshan

For 1 Link Payment Use This Code

100154003625397114200163

Family Hifazat is AKUH Patient Portal. It gives our patients having direct access to their medical profile, diagnostic reports and online appointments from anywhere. Family Hifazat is available via easily accessible mobile and web-based applications. To download Family Hifazat mobile App, please scan this QR Code.



You may also visit <http://familyhifazat.aku.edu> to the website using internet browsers. For assistance & inquiries, please call 9921-2466-1854 or send email to familyhifazat.support@aku.edu.

Print of this receipt is valid only if it is generated & downloaded from the patient's account on the Family Hifazat mobile App or the patient's account on the Family Hifazat website. If not, it is not valid.

If you would like to keep a permanent record, please have a photo made.

The Aga Khan University Hospital

Receipt No : 1011200530

Issuing Date : 12/08/2024 01:21 PM



Admission # : 114290163
MR # : 362-53-97
Patient Name : SHARIF, MOHAMMED
SAWAB GUL
Payment Mode : HBL Credit Card
Visit Type : INPATIENT
Billing Location : IN
Payment Type : ADDITIONAL DEPOSIT
Amount (in numbers) : Rs. 50,000.00
Amount (in words) : Rs. Fifty Thousand Only
Document No : 464951*****3624
Branch No : MB
Remarks : 325890

REFUND(S) DUE, IF ANY, WILL ONLY BE PROCESSED UPON PRODUCTION OF THIS DOCUMENT THROUGH THE SAME MODE WITH WHICH PAYMENT WAS MADE

Cashier's Signature : shsaeedahmad somro

For I Link Payment Use This Code:

100254003625397114290163

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Unit of The Aga Khan University Hospital and Medical College Council, The Aga Khan University Hospital, P.O. Box 3647, Karachi-75260, Pakistan

Print Date: 12-August-2024 6:22:22 am

The Aga Khan University Hospital

Receipt No : 1011200576
Issuing Date : 12/08/2024 01 21 PM



Admission # : 114290163
MR # : 362-53-97
Patient Name : SHARIF MOHAMMED SAWAB GUL
Payment Mode : CASH PAYMENT
Visit Type : INPATIENT
Billing Location : IN
Payment Type : ADDITIONAL DEPOSIT
Amount (in numbers) : Rs 50,000 00
Amount (in words) : Rs Fifty Thousand

Remarks

REFUND(S) DUE, IF ANY, WILL ONLY BE PROCESSED UPON PRODUCTION OF THIS DOCUMENT THROUGH THE SAME MODE WITH WHICH PAYMENT WAS MADE

Cashier's Signature sb/saeedahma

For 1 Link Payment Use This Code

100254003625397114290163

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You may also visit <https://familyhifazat.aga.edu> website using Internet browser. For more information please call +92 21 2486 1004 or send email to familyhifazat.support@aku.edu



Unit of the hospital and the patient should be notified of the receipt of this document and the receipt of the payment should be confirmed by the patient and the receipt of the payment should be confirmed by the patient and the receipt of the payment should be confirmed by the patient

If you would like to request a refund of the amount paid, please bring a photocopy of this receipt to the cashier's office.

physician

FIBL

SALE
KARACHI

برائے مہربانی اس سلیپ کو ۱۲ ماہ تک اپنے پاس محفوظ رکھیں۔

Kindly retain the slip for the period of 12 Months

TTD: 45104828
INVOICE: 001044
BATCH NO: 000072
REN: 001044
WITH NO: 325800

Use Card SALE
1649 51... 76.24 C
XP DATE: 11/14
TOTAL AMOUNT: PKR 50,000.00

PIN VERIFIED
NO SIGNATURE REQUIRED

MUHAMMAD SAJAB GUL

I AGREE TO PAY THE ABOVE FINAL AMOUNT AGAINST
THE ABOVE RECEIPT FROM MERCHANT
CUSTOMER COPY
POS S.H. 87067531

ملاحظہ

Receipt No

101119/418

Issuing Date

12/08/2024 09:56 AM



Admission #

114290163

MR #

1015497

Patient Name

AKHIL MOHAMMED SAWAB QJE

Payment Mode

CASH PAYMENT

Visit Type

INPATIENT

Billing Location

II

Account Type

INITIAL DEPOSIT

Account

Rs. 100,000.00

in figures

Amount

One Hundred Thousand

in words

Remarks

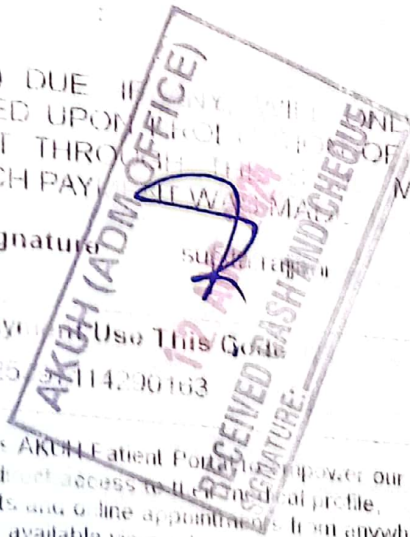
REFUND(S) DUE IF ANY WILL ONLY BE PROCESSED UPON RECEIPT OF THIS DOCUMENT THROUGH WHICH PAYMENT WAS MADE

Cashier's Signature

Signature of Akh (ADM OFFICE)

For T Link Payment Use This Code

100254003625 114290163



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Accommodation Request



1071375

Patient Information

Medical Record Number 362-53-97
Patient Name Sharif, Mohammed Sawab Gul
Gender Male Age 42 Y
Patient Full Address H.24 24 SECTOR-10 HARYANA, COLONY
Patient Contact No. 0311-8001502

Admission Information

Proposed Date of Admission 12/08/2024
Admitting Physician Dr. Saad Bin Zafar Mahmood
Requested Accommodation Ward
Visit Type (Request Raised) Emergency

Severity
Referring Physician
Request Visit Type In Patient (Regular)
Care Level SPECIAL

Diagnosis

- > Acute Kidney Injury (Aki)
- > Necrotising Fasciitis
- > Non St Elevation Myocardial Infarction (Nstemi)
- > Sepsis

Care Type (4 days)

- > Special Care Beds (2 days)
- > Ward Beds (2 days)

Procedure

Proposed Date of Procedure
Operating Room Time (mins)

Anesthesia Type

-Please note this initial deposit is an estimate, and actual charge may vary that will be billed based on services rendered to patient as prescribed by physician.

-Discharge time is before 2:00 PM. Please ensure all arrangements are made accordingly before 2:00 PM.

آغا خان یونیورسٹی ہسپتال، کراچی

The Aga Khan University Hospital, Karachi

Stadium Road, P. O. Box 3500, Karachi 74800, Pakistan
Tel: +92 21 3493 0051
Fax: +92 21 3493 4294, 3493 2095
www.aku.edu

Accommodation Request



1071375

Patient Billing Information

Initial Deposit Required	Rs. 550,000	Initial Deposit Approved	Rs. 100,000
Estimate Given By	Saleem.Ali		

-Please note this Initial deposit is an estimate, and actual charge may vary that will be billed based on services rendered to patient as prescribed by physician.
-Discharge time is before 2:00 PM. Please ensure all arrangements are made accordingly before 2:00 PM.

Printed By: Saleem.Ali
Print Date: 12-August-2024 6:22:22 am

Page 2 of 2



FINANCIAL RESPONSIBILITY

Case Note:

Self-paying patients are required to fill section "A"

Third party payer (applies to those organizations with whom the Aga Khan University Hospital has prior agreement) patients are required to sign section "A" and "B".

SECTION A

Acceptance of Financial Responsibility

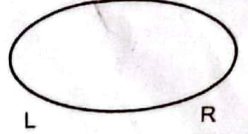
I/Patient and/or Guarantor as the case may be, do hereby agree to make payment for all the outstanding charges as indicated in the final bill issued by AKUH with regard to my / patient's hospitalization at AKUH.
I/Patient and/or Guarantor as the case may be, do hereby also agree to settle all outstanding charges at the time of patient discharge from the Hospital.

I have been explained and have understood that the initial deposits required to be made at the time of admission are preliminary estimates which are subject to such variations / changes as may be determined by AKUH in the final bill to be issued to me / patient by AKUH. I shall be responsible and liable for the payment of all the amounts remaining outstanding against me / patient for the services provided to me / patient during my / patient's stay at AKUH and as indicated in the final bill issued by AKUH.

میں/مریض اور/یا ضامن (جیسی صورت حال ہو)، اپنے/مریض کے سلسلے میں آغا خان یونیورسٹی ہسپتال میں داخلے کے دوران تمام اخراجات کی، جن کی آغا خان یونیورسٹی ہسپتال کی جانب سے جاری کردہ حتمی بل میں نشاندہی کی گئی ہے، ادا کیگی کرنے پر رضامندی ظاہر کرتا/کرتی ہوں۔
میں/مریض اور/یا ضامن (جیسی صورت حال ہو)، اپنے/مریض کے سلسلے میں آغا خان یونیورسٹی ہسپتال سے اخراج کے وقت جو بھی واجب الادا اخراجات ہونگے، انکو بھی ادا کرنے کا/کی پابند ہوں۔

مجھے یہ بات واضح کر دی گئی ہے اور میں نے یہ سمجھ لیا ہے کہ داخلے کے وقت مجھ سے جو رقم شروع میں جمع کرنے کے لئے کہا گیا ہے وہ ابتدائی تخمینہ جات ہیں جن میں ردوبدل بھی ہو سکتی ہے جس کا تعین آغا خان یونیورسٹی ہسپتال کرے گا اور ان کا اطلاق حتمی بل جو مجھے/مریض کو آغا خان یونیورسٹی ہسپتال جاری کرے گا، میں ہوگا۔ میں اولاً جمع کرائی گئی رقم کے علاوہ، مجھے یا مریض کو جو خدمات میرے/مریض کے ہسپتال کے قیام کے دوران میا کی گئی ہیں، اس سلسلے میں جو کچھ مزید اخراجات ہوئے ہوں جنکی نشاندہی آغا خان یونیورسٹی ہسپتال کے جاری کردہ حتمی بل میں کی گئی ہو ان کو ادا کرنے کا پابند اور ذمہ دار ہوں۔

Signature of Patient (Parent if Patient is minor) / Guarantor (Relationship with Patient)



L R

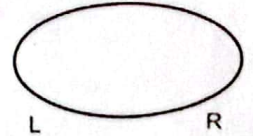
SECTION B

Assignment of Medical Benefits

I agree to assign and transfer, to The Aga Khan University Hospital, my rights to medical benefits payable to me as a member of a medical coverage plan (employer, insurance company, other) to the extent that the benefits cover all charges. I hereby authorize all medical coverage plans with whom The Aga Khan University Hospital has prior agreement, to pay directly for all services rendered to me by the hospital, I agree to assume responsibility where The Aga Khan University Hospital fails to recover all, or part, of a claim submitted to such medical coverage plan.

میں آغا خان یونیورسٹی ہسپتال کو میڈیکل کورٹج پلان کا ممبر ہونے کی حیثیت سے (آجر، بیمہ کمپنی، دیگر کی طرف سے) مجھ کو واجب الادا ایسی سہولیات کے حقوق کا اختیار دینے اور منتقل کرنے پر رضامندی ظاہر کرتا/کرتی ہوں اس حد تک کہ وہ سہولیات و فوائد تمام اخراجات کو پورا کرتے ہیں۔ وہ تمام کورٹج پلانز جن سے آغا خان یونیورسٹی ہسپتال کا پہلے سے معاہدہ ہے، میں ان سب کو اجازت دیتا/دیتی ہوں کہ وہ ہسپتال کی جانب سے مجھ کو دی گئی خدمات کے اخراجات براہ راست ادا کر دیں۔
اگر آغا خان یونیورسٹی ہسپتال کسی کلیم کی مکمل وصولی یا اس کا کوئی جز وصول نہ کر پائے جو اس قسم کے میڈیکل کورٹج پلان کے تحت داخل کیا گیا ہو، اسکی ادائیگی کی ذمہ داری لینے کی رضامندی دیتا/دیتی ہوں۔

Signature of Patient (Parent if Patient is minor) / Guarantor (Relationship with Patient)



L R

Patient / Guarantor's Name and Address:

Muhammad Shehzad Khan

Discharge patients are expected to vacate their beds by 1330 hours on the day of discharge. Patients whose discharge process is complete and who remain beyond 1400 hours will be charged for the day.

Refunds(s) due, if any will be processed upon production of this document along with payment deposit receipt(s).

Original: PBSB

Copy: Patient or Patient's Representative

AKUH 0773 / ADM 001

August 2017

Revision # 05

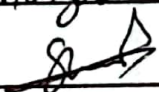
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ICN # S



Family Care Hospital
Health Care for the whole family

Death Certificate

NO. 632	DATE: 21-08-24
NAME OF PATIENT :	Sawab Gull
FATHER / HUSBAND NAME : S/o, W/o, D/o.	Shareef Gull
AGE : 42	SEX : Male MALE / FEMALE
ADMISSION NO : AUG4619/24	DATE: 19-08-24 TIME: 7:42 Pm.
BED / ROOM NO :	ICU
CONSULTANT :	DR. Dr Salal Ahmed
EXPIRY :	DATE: 21-08-2024 TIME: 5:01 Pm -
CAUSE OF DEATH	Cardiopulmonary Arrest secondary to septic shock, decompensated liver disease - Hep C +ve.
ATTENDING DOCTOR : (R.M.O.) DR.	Dr Aisha Anwar.
BODY HANDED OVER TO THE ATTENDANT :	NAME : M. Shehzad Khan RELATION : Son SIGNATURE :  DATE: 21-08-2024
DATE: 21-08-24	DOCTOR - RMO Dr Aisha Anwar



حکومت سندھ

Government of Sindh



اندراج وفات سرٹیفکیٹ

Tracking Id: 91100050278551

CRMS No. D526138667

OLD/M REG #:

Death Registration Certificate

UC 03 BISMILLAH COLONY : دفتر اندراج

Old CRMS No.:

Deceased Person's Details		متوفی کے کوائف	
Name :	Muhammad Sawab Gul	نام :	محمد ثواب گل
Nationality :	Pakistani	قومیت :	پاکستانی
CNIC No :	42401-1918691-5	شناختی کارڈ :	42401-1918691-5
Date of Birth :	12-Mar-1979	تاریخ پیدائش :	12-Mar-1979
Gender :	Male	جنس :	مرد
Religion :	Islam	مذہب :	اسلام
Sickness Period :	00 Days 00 Months 00 Years	مدت علالت :	00 دن 00 ماہ 00 سال
Date of Death :	21-Aug-2024	تاریخ وفات :	21-Aug-2024
Date of Burial/Last rite :	21-Aug-2024	تاریخ تدفین/آخری رسومات :	21-Aug-2024
Place of Death :	HOSPITAL	جائے وفات :	ہسپتال
Reason of Death :	Natural	وجہ وفات :	قدرتی
Nature of Death :	Normal	کیفیت وفات :	عام
Buried/Last rite at :	Fareed Colony Qabrustan	جگہ تدفین/آخری رسومات :	فرید کالونی قبرستان

Parental Information		والدین کے کوائف	
Father's Name :	Sharif Gul	والد کا نام :	شریف گل
CNIC No :		شناختی کارڈ :	
Mother's Name :	Bibi Zainab	والدہ کا نام :	بی بی زینب
CNIC No :		شناختی کارڈ :	

Address		پتہ	
Address :	House No. 2526, Sector 10E, Muhallah HARYANA COLONY ORANGI TOWN, City Karachi West	پتہ :	مکان نمبر 2526، سیکٹر 10 ای، محلہ ہریاتہ کالونی اورنگی ٹاؤن، شہر کراچی غربی
Tehsil :	Karachi West	تحصیل :	کراچی غربی
District :	Karachi West	ضلع :	کراچی غربی

Applicant's Details		درخواست دہندہ کے کوائف	
Name :	Sadia	نام :	سعدیہ
CNIC No :	42401-1820763-0	شناختی کارڈ :	42401-1820763-0
Relation with Deceased :	Wife	متوفی سے رشتہ :	بیوی

Information of Burial/Last rite by		تدفین/آخری رسومات کنندہ کے کوائف	
Name :	Muhammad Shehzad Khan	نام :	محمد شہزاد خان
CNIC No :	42401-1652641-7	شناختی کارڈ :	42401-1652641-7
Relation with Deceased :	Son	متوفی سے رشتہ :	بیٹا

Entry Date :	02-Sep-2024	تاریخ اندراج :	02-Sep-2024
Issue Date :	02-Sep-2024	تاریخ اجراء :	02-Sep-2024
Entry Status :	Normal	اندراج اسٹیٹس :	نارمل
Additional Information :		اضافی معلومات :	



دستخط سیکریٹری

یونین کمیٹی 03 بسم اللہ کالونی

کراچی غربی

SECRETARY
UNION COMMITTEE NO.03
BISMILLAH COLONY
TMC MONTINABAD KARACHI WEST





Employer's Statement – D1 (for Death Claim)

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

1. Policy holder's information

Name of Company	
Takaful Policy No.	Policy Start Date

2. Participant's Information

a. Deceased' Name: MUHAMMAD - SAWAB - GUL

b. Father's Name/Husband's Name: SHAREEF GUL

c. Date of Birth of deceased: 12.03.1979 Age 45 CNIC No. 42401-1918691-5

d. Residential Address House # E/2526 Sec #10 Hanyama Orangi town Karachi.
Contact No. 0319-4080574

e. Proof of age: National Identity Card Matric Certificate Other (Please specify) _____

3. Occupational Information

a. Employee No. _____

b. Date of joining of Company 01/08/2013

c. Designation TDOSO Karachi-Baldia

d. Monthly Salary 145,000

e. Occupation (at date of Death) _____

4. Event Information

a. Date of Diagnosis 8 - Aug - 2024

b. Date of Death 21 - Aug - 2024

c. Place of Death Hospital

d. Primary Cause of Death Cardiopulmonary Arrest

e. Secondary cause Septic shock, Liver disease, HepC etc

f. On what date did deceased last attend his usual work? 07 - Aug - 2024

g. When did deceased first complain of or give other indications of his/her last illness? 07 - Aug - 2024

5. Claim Information

a. Amount of Claim _____

b. Title of Cheque _____

6. Declaration by Employer/Authorized representative

The undersigned, hereby makes claim to said Takaful coverage and hereby agrees that the written statements and affidavits of all the physicians who attended to or treated the Participant shall constitute and they are hereby made a part of these proofs of death and further agrees that the furnishing of this form, or of any nor a waiver of any of its right or defenses.

Furthermore, I/We hereby authorize, any physicians, hospitals, clinic or medical service provider, insurance company, or any other institution, or any person, who has any record or information about above mentioned life to provide Pak-Qatar Family Takaful Limited complete information including copies of records with reference to any sickness, accident, disability treatment, examination, medical investigation, advise or hospitalization underwent. A photocopy of this authorization shall be as valid as the original.

Checklist

- Form D-2 Physician's Statement
- CNIC - Deceased
- Death Certificate - NADRA
- Death Certificate Hospital
- Complete past treatment record (if any)
- Attendance record of six months before death
- Salary record of six months before death
- AML Questionnaire
- Copy of FIR/Police report (in case of unnatural cause)
- Copy of Autopsy report (if any)
- Copy of Driving license (in case of accident)

Please ensure to enclosed above mentioned document in order to avoid any delay

Claimant Signature: Shehzad

Name: M. Shehzad Khan

Date: 09/04/09/2024

Company Stamp

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 Physician's handwriting.
 Please don't leave any blank, unanswered question, date and/or signature, wherever applicable

1. Deceased's Information

a. Deceased' Name: MUHAMMAD SAADAT GUL

b. Father's Name/Husband's Name: SHAKEEF GUL

c. Date of Birth of deceased: 12/31/1974 Age: 48 CNIC No. 42401-1918691-5

d. Residential Address: House No. 2524/E Sec 10 Hazrat colony
Orangi town Karachi Contact No. 0319-4080574

2. Event Information

a. Date of Death 21/8/24

b. Place of Death Family Care Hospital.
 If died in hospital or other medical institution, please give name

c. Primary Cause of Death Cardiopulmonary Arrest.

d. Secondary Cause of Death Sepsis shock, Decompened ed and Dehydr (Hypotensive)

e. Interval between onset and death

From	To	No. of Days
<u>10/8/24</u>	<u>21/8/24</u>	<u>11</u>

3. Past Medical History

a. When did deceased first complain of or give other indications of his/her last illness? 10/8/24

b. Date last consulted or took medical advise of his/her last illness? 8/8/24

c. Have you treated or advised any treatment prior to last illness? Yes No

d. Did the deceased, to your knowledge, receive treatment during the last five year from any other physician, or hospital? Yes No

Date	Physician/hospital Name	Nature of Illness	Treatment
<u>2021</u>	<u>saifee hospital</u>	<u>HP C-tre.</u>	

4. Accidental Death/Suicide, Homicide

a. Cause of death, please specify Accident Suicide Homicide Other

b. Please describe event in detail PT. condition was critical. He was brought to hospital upon sudden collapse.

c. Was an inquest/investigation held? Yes No

d. Was an autopsy performed Yes No if yes, please describe findings in detail

if yes, please describe findings

5. Declaration

I hereby declared that to the best of my knowledge and belief the information given herein is true and complete

Signature: Dr. Tooba Date of statement: 24/8/24

Name: Dr. Tooba Contact No. _____

FAMILY CARE HOSPITAL
 Plot # 151-M, Block-2
 Khalid Bin Walid Road
 PECHS, Karachi

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

Handwritten notes:
 300,000/-
 19/08/24



Link Payment Code: 100254003625397114290163

Patient Name : SHARIF, MOHAMMED SAWAB GUL	Admission #: 114290163
Admitting Physician : DR. Saad Bin Zafar Mahmood	MR #: 362-53-97
Financial Class : 1	Room / Bed #: SP-ICU-8-C - C
Admission Date : 12/09/2024	Discharge Date:
Source : ER	

STATEMENT OF PATIENT CHARGES		TOTAL CHARGES
A: HOSPITAL ACCOMMODATION		89,810.00
Bed Charges / Ancillaries.....	0.00	
Special Care 7 day(s).....	89,810.00	
B: PROFESSIONAL FEES		486,871.00
Attending Visits.....	93,520.00	
Surgery.....	71,340.00	
Anesthesia.....	47,004.00	
Obstetrics.....	0.00	
Special Consultancy.....	16,150.00	
Radiology Inpatient Charges.....	2,300.00	
Dietetic Service.....	3,000.00	
Nursing / Ancillary Charges.....	178,430.00	
Medication Management Service Charges.....	26,446.65	
Special Procedure.....	48,680.00	
C: PHARMACY AND MEDICAL / SURGICAL SUPPLIES		1,324,141.00
Pharmacy.....	444,098.85	
Medical / Surgical Supplies.....	880,042.20	
D: DIAGNOSTIC TESTS AND PROCEDURES		1,006,070.00
Laboratory.....	532,640.00	
Radiology.....	166,280.00	
Physiological Measurement Services.....	0.00	
Physiotherapy.....	25,200.00	
Operation Theater.....	52,330.00	
Delivery Room.....	0.00	
Special Procedures.....	179,620.00	
E: OTHERS		19,790.00
Emergency Visit.....	18,760.00	
Convenience Items.....	0.00	
Meal on Request.....	1,030.00	
Special Services.....	0.00	
Discount On Package.....	0.00	
TOTAL CHARGES		2,926,682.00
LESS DEPOSIT		850,000.00
NET BALANCE / (REFUND) DUE		2,076,682.00

This is an interim statement, and charges reported above are subject to change as they are received in the billing office. A final statement of charges/invoice will be provided at discharge.

Issued By : _____
 PATIENT BUSINESS SERVICES DEPARTMENT

Handwritten note:
 Current o/s Rs 1850,000/-
 19/08/24

HBL

AGA KHAN HOSPITAL AND ME
G FLOOR CASH OFFICE J II
STADIUM ROAD POBOX 3500
Karachi

MID:2586000015171

TID:25865171

DATE/TIME: 02/09/2024 13:15:50

INVOICE:010619

BATCH NO:001059

RRN:010619

AUTH NO:244143

MasterCard

SALE

ATD A0000000041010 TC:EEF4754D076B58E4

APP LABEL: Debit Mastercard

5475 83 **** 0449**

C

EXP. DATE: **/**

TOTAL AMOUNT: PKR.200,000.00

PIN VERIFIED
NO SIGNATURE REQUIRED

ABDUL NAHEED

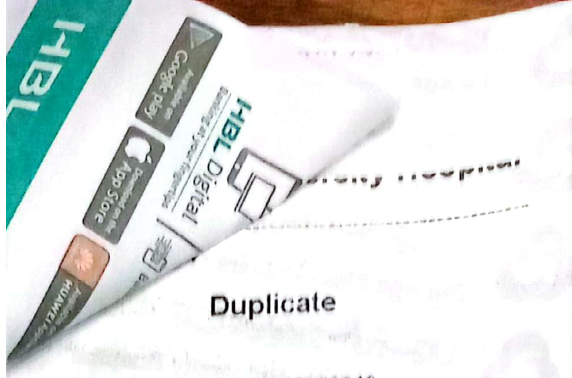
AGREE TO PAY THE ABOVE FINAL AMOUNT AGAINST
THE GOODS RECEIVED FROM MERCHANT
CUSTOMER COPY

POS S-N: 02901890

1 1 1

Payment Type: MACHINERY/AUSTRIAN/GE

Kindly retain the slip for the period of 12 Months



Duplicate

Receipt No : 1011271340
Receipt Date : 2/9/2024
Issuing Date : 02/09/2024 01:15 PM



Admission # : 114290163
MR # : 362-53-97
Patient Name : SHARIF, MOHAMMED
SAWAB GUL
Payment Mode : CASH PAYMENT
Visit Type : INPATIENT
Billing Location : IN
Payment Type : POST DISCHARGE/
INSTALLMENT
Amount : Rs 300,000 00
(in numbers)
Amount : Rs. Three Hundred
(in words) Thousand Only
Remarks :

REFUNDS) DUE, IF ANY, WILL ONLY BE PROCESSED UPON PRODUCTION OF THIS DOCUMENT THROUGH THE SAME MODE WITH WHICH PAYMENT WAS MADE

Cashier's Signature : liaqat khan

For Link Payment Use This Code

00254001625397114290163

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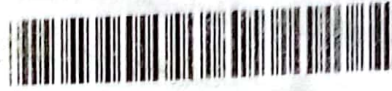


For more info visit <https://familyhifazat.aku.edu> to the website using Internet browsers. For assistance & inquires, please call +92 21 2486 1854 or send email to familyhifazat.support@aku.edu

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To keep a permanent record, please have a photocopy of this receipt.

Issuing Date : 02/09/2024 01:16 PM



Admission # : 114290163
MR # : 362-53-97
Patient Name : SHARIF, MOHAMMED
SAWAB GUL
Payment Mode : HBL Credit Card
Visit Type : INPATIENT
Billing Location : IN
Payment Type : POST DISCHARGE/
INSTALLMENT
Amount (in numbers) : Rs 200,000.00
Amount (in words) : Rs. Two Hundred Thousand
Only
Document No : 547583*****0449
Branch No : faysal bank
Remarks : 244143

REFUND(S) DUE, IF ANY, WILL ONLY BE
PROCESSED UPON PRODUCTION OF THIS
DOCUMENT THROUGH THE SAME MODE
WITH WHICH PAYMENT WAS MADE

Cashier's Signature : liaqat Khan

For 1 Link Payment Use This Code

100254003625397114290163

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Islamabad Road, P.O. Box 1000, Faisalabad 38000, Pakistan

Handwritten notes:
 300,000
 19180121
 215/24



Link Payment Code: 100254003625397114290163

Patient Name : SHARIF, MOHAMMED SAWAB GUL	Admission #: 114290163
Admitting Physician : DR. Saad Bin Zafar Mahmood	MR #: 362-53-97
Financial Class : 1	Room / Bed #: SR-ICU-8-C - C
Admission Date : 12/08/2024	Discharge Date:
Source : ER	

STATEMENT OF PATIENT CHARGES	TOTAL CHARGES
A: HOSPITAL ACCOMMODATION	89,810.00
Bed Charges / Ancillaries.....	0.00
Special Care 7 day(s).....	89,810.00
B: PROFESSIONAL FEES	486,871.00
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Anesthesia.....	47,004.00
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Radiology.....	166,280.00
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Physiotherapy.....	25,200.00
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Delivery Room.....	0.00
Special Procedures.....	179,620.00
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Emergency Visit.....	18,760.00
Convenience Items.....	0.00
Meal on Request.....	1,030.00
Special Services.....	0.00
Discount On Package.....	0.00
TOTAL CHARGES	2,926,682.00
LESS DEPOSIT	850,000.00
NET BALANCE / (REFUND) DUE	2,076,682.00

Handwritten note: P/D = 500,000

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Issued By : PATIENT BUSINESS SERVICES DEPARTMENT

Printed On : 19/08/2024 09:41 AM

Printed By : anila.hajiyani

Page 1 of 1

Handwritten note:
 Current o/s Rs 1250,000/-
 19/08/24



Department of Medicine
SUMMARY ON DISCHARGE

Sharif, Mohammed Sawab Gul (362-53-97) MALE Age: 42 Y			
Admission Date 12/08/2024	Discharge Date 19/08/2024	Consultant Dr. Sadaf Hanif	Service IMED-IN

Principal Diagnosis / Reason for Admission

Septic Shock secondary to Necrotizing fasciitis

Associated Diagnosis / Significant Co-morbidis

Hospital acquired pneumonia/septicemia
Acute kidney injury
Decompensated chronic liver failure secondary to hep C.

Hospital Course

42 years old male patient hep c positive on PCR, active smoker for 20 years 1pack 2 to3 days, work in WHO as health worker presented with complaints of fever and left leg swelling for 4 days, initially visited to Saifee hospital, managed on line of septic shock to cellulitis/nec fasciitis femoral line done there remained for 10 hours and got LAMA and came to AKUH ER with tachycardia and hypotension taken on norepinephrine support and fluids boluses, admitted in special care where plastic surgery took him for debridement done on 12-08-2024 and culture sent for C/s(staph auras and intubated during procedure and taken on ICU. In ICU managed for septic shock with Merpenem and vancomycin(renal doses and according to level) which settled with improving infection markers, for Akl CRRT done after which pickup urine output with improvement of renal markers. Patient having DCLD with raised ammonia for that lactilose + polyethanol glycol and patient DCLD improved after that. Wound dressing done with Acetic acid daily by plastic team. Patient again developed shock CVP line and Joe cath done, kept on norepinephrine and vasopressor(maximum) and decreased renal output and worsening renal and infective markers. CRRT started again. Tracheal culture and blood sent (18-08-2024) showed Acinetobacter for that added colistin and also tissue culture(19-08-2024) sent pending. patient family were counselled multiple times they want to LAMA.

Vent setting:

A/C VC mode, f10:2:40 PEEP: 5

Condition on Discharge

Patient left against medical advice.

Mode of Discharge

Patient left against medical advice.

Take Home

NONE

This is a provisional discharge summary and final summary to follow.



آغا خان یونیورسٹی ہسپتال، کراچی

The Aga Khan University Hospital, Karachi



Stadium Road, P. O. Box 3500, Karachi 74600, Pakistan
Tel: +92 21 3493 0051
Fax: +92 21 3493 4294, 3493 2095
www.aku.edu

Department of Medicine
SUMMARY ON DISCHARGE

Sharif, Mohammed Sawab Gul (302-53-97) MALE Age: 42 Y			
Admission Date 12/08/2024	Discharge Date 19/08/2024	Consultant Dr. Sadaf Hanif	Service IMED-IN

Instructions on Discharge

Patient is vitally unstable on maximum support.

Going LAMA

Followup Appointment(s)

Followup After _____ days/weeks/months in _____ CC/CHC

Dr. Didag Mufad
Resident / Consultant
Date 08/19/2024

Sr. Resident / Fellow

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This is a provisional discharge summary and final summary to follow.