



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

Patient Information

Name of Patient: Muhammad Ibrahim Date of Birth: 04/03/1998
Patient's Address: Iyson town mustung Road Quetta

Employer Information

Name of Employer: chip training and consulting pvt limited Quetta

1. History

(a) Date doctor first consulted due to disability: Dr Siraj Ahmed Rakhshori
(b) Date symptoms first appeared or accident happened: 17/10/2024
(c) Date patient ceased work because of disability: Accident on motor byc
(d) Has patient ever had same or similar condition? No Yes, state when and describe
(e) Is condition due to injury or sickness arising out of patient's employment? No 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 Siraj Ahmed Mobile No: 0332-8250088
Address: Arbab Street Killi Ahmed Khanee

2. Diagnosis

(a) Date symptoms first appeared or accident happened: 18/10/2024
(a) Diagnosis (including any complications): (Foot crack) (L) Tibial spine Undisplaced Fracture
(c) Subjective symptoms: due to xray Dr found that foot is crack
(d) Objective findings (including current X-rays, ECG's, Laboratory data any clinical findings):
(1) Clinical Findings: Foot crack and advised that knee immobilizer
(2) Diagnosis Studies and results: using knee immobilizer and taking tablets

3. Progress

(a) Patient is Ambulatory Bed Confined House Confined Hospital Confined
(b) Patient has Recovered Improved Stabilized Retrogressed

4. Prognosis

(a) Is the disability presumed to be reversible? Yes No
(a) Is patient now capable of performing duties of? Yes No
(c) What duties of his or her job is patient incapable of performing? Need Bed Rest. Relative Rest
(d) Do you expect a fundamental or marked change in future? Yes No
If yes, patient should recover sufficiently to perform duties on or about No
If No, Please explain Recovering day by day after 2 weeks he will be capable and
(e) Specify the date by which you presume that the patient will be able to resume his duties/work 1/11/24 Person has duty accordingly
 Totally Partially Temporarily Permanently
Conditioned to development in clinical + Radiological Status.

Remarks

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

Attending Physician's Name: Dr Saddam Maseer Telephone No: 0332/350-5127
Address: SABZ Hospital Quetta
Speciality: Orthopedics
Date: 8/11/2024
Signature: [Signature]

