

Cash

Sub - Total:

Grand Total:

Rs. 2,500.0/-

Rs. 2,500.0/-

Rs. 2500.00

Description	Rate	Quantity	Amount
DR FARID ULLAH KHAN ZIMRI: Consultation Fee	2,500.0	1	2,500.0

Name: Muhammad Iqbal

MR#: 132493-13516

Phone: 03055126557

Age/Gender: 34 Y/ Male

Date: 01/03/2023 - 04:25 PM

Invoice#: 135043

Dr. Faridullah Khan Zimri

Spine Clinics

Dr. Faridullah Khan Zimri

RECEIPT

448

No. 4011

Date 03-03-23

Received with thanks from

M. S. Goyal

the sum of Rupees

Two Lacs & Fifty

thousand only

By Cheque/DD/No

1000

Cash

on account of

Mr. Goyal

PARA
03 MAR 2023

The Hospital

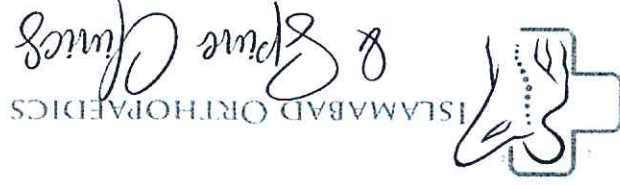
RS. 2,50,000/-

Signature

[Signature]

Dr. Faridullah Khan Zimri

MBBS, FCPS (Ortho, Gold Medalist)
Ao-Certified (UK), Lizarov Fellowship (Russia)
Trauma Fellowship (Germany)
Member American Academy of Orthopedic Surgeon
Chairman National Council for Rehabilitation
of Disabled Persons (NCRDP) Govt. of Pakistan
Head of Orthopaedic Department
National Institute of Rehabilitation Medicine (NIRMI)
St#9, Sector G-8/2, Islamabad.



Name: Muhammad Iqbal

MR#: 132493-13516

Phone: 03055126557

Age/Gender: 34 Y/ Male

Date: 20/03/2023 - 03:17 PM

Invoice#: 136479

Description	Rate	Quantity	Amount
DR FARID ULLAH KHAN ZIMRI: Consultation Fee	2,500.0	1	2,500.0

Sub - Total:

Rs. 2500.00

Discount:

Rs. 1000.00

Grand Total:

Rs. 1,500.0/-



Pak-Qatar Family Takaful Limited

Form DS-1

Employer's Statement

FAMILY TAKAFUL

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

Section I

1. Policy No.

2. Name of Policy Holder:

3. Name of Claimant

4. Designation UCPO-SOHAN(N)ICT

5. Phone No. 0333-5752784 6. Fax No.

7. E-mail address miqbaljawaid@takaful.com

8. Employee's Name M. IQBAL JAWAID CHEEMA 9. CNIC No. 37405-5578379-5

10. Employee's Address NAZAKAT MARKET SOHAN, HOUSE # 1, STREET # 3, ISLAMABAD

11. Employee's Date of Birth 08-01-1983 12. Age 40 Years 13. S. No. on list

miqbaljawaid@gmail.com

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

1. Employee's Date of Appointment

01	02	20	19
----	----	----	----

2. Employee's Effective date of Takaful

--	--	--	--	--	--	--	--	--	--

3. Last day Worked

24	02	20	23
----	----	----	----

4. Returned to work on

06	05	20	23
----	----	----	----

5. Reason for Stopping Work ACCIDENT ON JOB

6. Gross Earning from Salary/Wages Rs.55,180/- Per Month 7. Amount of Takaful Cover Rs.

7. What is the present employment status of the employee? On Duty On Sick leave Terminated Temporary laid off

8. Amount of Claim 2,83,811/- 9. Title of Cheque

Claimant Signature: *M. Iqbal*

Name: M. IQBAL JAWAID CHEEMA Telephone No.:

Date of statement:

Company Stamp

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

1. Type of disability claim? Natural (Sickness) Accidental

2. Please describe how and where the disability/accident occurred
ON ISLAMABAD EXPRESS HIGHWAY

3. Date of Accident or the date I first noticed the symptoms of this illness was:
24/02/2023

4. (a) Is your accident or illness related to your occupation? Yes No
On duty timing, returning to home.

6. I (returned/was able to return/will be able to return to work on a full time basis on: 06/05/23

7. On what date did employer discontinue your monthly salary/wages?

5. I (was/have) unable to work because of this disability starting on:
24/02/2023

8. I Date I was first treated for this accident or illness
24/02/2023

Treated by Hospital Doctor
HOLY FAMILY HOSPITAL

9. Have you ever had the same or similar condition in the past?
 Yes If "Yes", when

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 or employer to contact the above mentioned person for the purpose of obtaining the benefit or the diagnosis, treatment or prognosis with respect to any physical or mental condition and/or valid as the original. This authorization will remain valid for the term of coverage of the policy.

Date of Statement : 24/03/2023 Signature of Employee: *M. Iqbal* Telephone No. 0333-5752784



Pak-Qatar Family Takaful Limited

Form DS-1

Employer's Statement

FAMILY TAKAFUL

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

Section I

1. Policy No. _____ 2. Name of Policy Holder: _____

3. Name of Claimant _____ 4. Designation UCPO-SOHAN(N)IC

5. Phone No. 0333-5752784 6. Fax No. _____ 7. E-mail address _____

8. Employee's Name _____ 9. CNIC No. _____

10. Employee's Address _____ 12. Age _____ 13. S. No. on list _____

11. Employee's Date of Birth _____

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

1. Employee's Date of Appointment 01/02/2019 2. Employee's Effective date of Takaful _____ 3. Last day Worked 24/02/2023 4. Returned to work on 06/05/2023

5. Reason for Stopping Work ACCIDENT ON JOB

6. Gross Earning from Salary/Wages Rs. 55,180/- Per Month 7. Amount of Takaful Cover Rs.

7. What is the present employment status of the employee? On Duty On Sick leave Terminated Temporary laid off

8. Amount of Claim _____ 9. Title of Cheque MUHAMMAD IGBAL JAWAID CHEEMA

Claimant Signature: Muhammad Iqbal Jawaid Cheema Telephone No.: _____ Company Stamp _____

Name: MUHAMMAD IGBAL JAWAID CHEEMA

Date of statement: _____

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

1. Type of disability claim? Natural (Sickness) Accidental

2. Please describe how and where the disability/accident occurred
ON ISLAMABAD EXPRESS HIGHWAY

3. Date of Accident or the date I first noticed the symptoms of this illness was:
24/02/2023

4.(a) Is your accident or illness related to your occupation? Yes No
if "Yes", Please explain
On Duty Timing

5. I (was/have) unable to work because of this disability starting on:
24/02/2023

6. I (returned/was able to return/will be able to return to work on a full time basis on: 06/05/23

7. On what date did employer discontinue your monthly salary/wages?
_____/_____/_____
Day / Month / Year

8. I Date I was first treated for this accident or illness
24/02/2023

Treated by Hospital Doctor
Name HOLY FAMILY HOSPITAL Address _____

9. Have you ever had the same or similar condition in the past?
 Yes If "Yes", when _____

Treated by Hospital Doctor
Name _____ Address _____

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 or employer having 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

Muhammad Iqbal Jawaid Cheema


Date of Statement : _____ Signature of Employee: _____ Telephone No. _____

Mr. Muhammed Iqbal

Date: 20-03-23

TO WHOM IT MAY CONCERN

Checked that the above mentioned
patient underwent 1/2 nailing (Rt) Tibia
on 03-03-23. His post operative recovery
is unremarkable. He is advised bedrest
for 06 weeks w.e.f 21-03-23



Dr. Faridullah Khan Zimri
Consultant Orthopaedic Surgeon
Chairman
ISLAMABAD OASIS
Physiotherapy & Healing Center



Physician's Statement

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

Patient Information	Name of Patient	MUHAMMAD IQBAL JAWAID CHEEMA		Date of Birth	08-01-1983		
	Patient's Address	NAZAKAT MARKET SOHAN, HOUSE # 1, STREET # 3, ISLAMABAD					
Employer Information	Name of employer						
1. History	(a) Date doctor first consulted due to disability	Day	01	Month	03	Year	2023
	(b) Date symptoms first appeared or accident happened	Day	24	Month	02	Year	2023
	(c) Date patient ceased work because of disability	Day	25	Month	02	Year	2023
	(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 <input type="checkbox"/> No <input type="checkbox"/> Unknown			
	(f) Name the first doctor with full address, consulted by the claimant for the above disability/Accident?						
2. Diagnosis	Name of Doctor						
	Date of Last examination/Consultation	Day	20	Month	03	Year	2023
	Diagnosis (including any complications)	(Rt) Shaft of Tibia fracture					
	Subjective symptoms	Swelling pain					
3. Progress	(1). Clinical Findings	Fracture (Rt) Tibia					
	(2). Diagnostic studies and results:	x-rays					
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		
	(a) 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	(b) Is patient now capable of performing duties of his or her current job	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		*Any other job for which he or she is reasonably suited or qualified by education, training or experience			
4. Prognosis	(c) What duties of his or her job is patient incapable of performing?	walking / field job					
	(d) Do you expect a fundamental or marked change in future? If "Yes", patient should recover sufficiently to perform duties on or about	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Day	27-09-23		
4. Prognosis	If "No", please explain						
	(e) Specify the date by which you presume that the patient will be able to resume his duties/work:	<input checked="" type="checkbox"/> Totally		<input type="checkbox"/> Partially <input type="checkbox"/> Temporarily <input type="checkbox"/> Permanently			
Remarks	Declaration : I hereby declare that the above statements are true and complete to the best of my knowledge.						
	Signature						
	Attending physician's name	Dr. Faridullah Khan Zimri					
	Address	Zameer Orthopedic Hospital Date: 27-09-23 Specialty: FCPS Ortho Telephone No: 051 8435932					

Dr. Faridullah Khan Zimri
 MBBS, FCPS (Ortho Gold Medalist)
 Ao-Certified (UK), Iizarov Fellowship (Russia)
 Trauma FellowShip (Germany)
 Consultant Orthopedic & Trauma Surgeon
 The Hospital
 Premises # 40 I&T Center,
 Jhelum Road Sarya Chowk, G-8/4, Islamabad.



Dr. Faridullah Khan Zimri
MBBS, FCPS (Ortho, Gold Medalist)
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Member American Academy of Orthopedic Surgeon
Chairman National Council for Rehabilitation
of Disabled Persons (NCRDP) Govt. of Pakistan
Head of Orthopaedic Department
National Institute of Rehabilitation Medicine (NIRM)
St # 9, Sector G-8/2, Islamabad.

SOT (RT)

Cervical type I

1/2 nail (RT)

Tubia

03-03-23

• FlU visit

• Pain (RT) leg

• Alginate

• walking dust: Bmin

• An Somnia

• No Co-merbich

• NCDA

• THELAMIN TM

Mr. Muhammad Iqbal

Date: 20-03-23


• B LEPOR SOAP
• Dr. Faridullah Khan Zimri

• Dr. Faridullah Khan Zimri

• Dr. Faridullah Khan Zimri



پولیس مانیٹرنگ سسٹم

تاریخ و وقت	نام اطلاع	آڈیو رپورٹ نمبر / رجسٹر سلسلہ وار نمبر	پولیس سٹیشن	ضلع
08-03-2023 19:00	حارث حسین ASI	2 / 31	کھنہ	اسلام آباد
			آمد تحریری درخواست دریافت	نوعیت
				
خلاصہ رپورٹ				
<p>وقت 7:00 بجیشام درجہ یکہ اسوقت ساکل محمد اقبال جاوید چیمہ نے محاضری تھانہ تحریری درخواست مع آؤٹ ڈور ٹکٹ ہولی فمیلی ہسپتال راولپنڈی لا کر میرے پیش کی درخواست ذیل ہے۔ بخدمت جناب SHO صاحب پولیس اسٹیشن کھنہ اسلام آباد جناب عالی میں محمد اقبال جاوید چیمہ رہائشی NK-224 بیکٹاریاں راولپنڈی 24 فروری کو سوہان سے نیو کٹاریاں اپنی موٹر سائیکل پر جا رہا تھا کہ تھانہ میں اسلام آباد ایکسپریس پر ایک نامعلوم میجر قاتر ٹرک نے ٹکر ماری اور فرار ہو گیا جس کے نتیجے میں ساکل بری طرح زخمی ہو اور بے ہوشی طاری ہو گئی کسی آدمی نے میرے فون سے میرے بھائی کو فون کیا اور وہ مجھے ہسپتال ہولی فمیلی لے گئے واقع میں بلوٹ ٹرک ڈرائیور کے خلاف قانونی کارروائی کر کے میری دادی کی جائے العارض محمد اقبال جاوید چیمہ 5.578379.5 کارروائی پولیس ساکل بالائے محاضری تھانہ تحریری درخواست مع آؤٹ ڈور ٹکٹ ہولی فمیلی ہسپتال راولپنڈی پیش کی جو حرف درج بالا ہوئی حالات واقعات سے معاملہ دریافت طلب ہے بعد دریافت ہمیں بھی صورت ہو گئی حسب ضابطہ کارروائی عمل میں لائی جائے گئی سر درست رپورٹ درج روزنامہ ہوتی ہے۔</p>				



The Hospital

DISCHARGE CERTIFICATE

Patient's Name M. Iqbal Javid Cheema Hosp.Reg. No: 23-03-4448 Wt. _____

Age: 38 Years Sex: M F Blood Group: _____

Diagnosis: # Shaft of Tibia (R) Operation / Procedure: I/L Nail (R) Tibia
(Gustilo Type I)

DOA: 03/03/2023 at _____ DOD: 06/03/2023 at _____

Case Summary: _____

H/O RTA -> # (R) Shaft of Tibia & Fibula.

Under spinal anesthesia, I/L Nail (R) Tibia done.
patient is hemodynamically stable and can
be discharged.

Treatment

Tab Lzole 600mg (1+1)

Tab Ciproxin 500mg (1+1)

Tab Duagesic forte (1+1) D 14

Cap Cellbenc 200mg (1+0+0) D 14

Follow Up after (2) weeks at F8 clinic.

اپنے بعد دو بار مائلہ کریں۔

051-2266066 کے Appointment

اپنے کریں۔

0300 9559104 میں صورت کی صورت میں

اپنے کریں۔

صورتہ سے 14 دن

Cap Emgole 40mg (1+0+0)

Tab Theramine (1+0+0) 0-0-1

Tab Admore 5000IU (1+0+0)

درد دہانہ سے بند کر لیں۔

Physiothera

(Consultant)

Dr. Faiz Ullah Khan Khani.

M.O.Incharge: _____

Doctor: Dr. Bisma Khalid.

Date: 06/03/2023.

Dr. Bisma Khalid Mughal
Medical Officer

PMG No-114333-P

Joining Hands for Quality Health Services



Zimri Orthopedic
Hospital
(A Project of IO&SC Pvt Ltd)

Plot No. 40, I&T Centre,
Jehlum Road, Sector G-8/4,
Islamabad. Tel: 051-8435923

The Hospital (Plot # 40, I&T Centre,
Jehlum Road, G-8/4, Islamabad)



THE HOSPITAL

Plot No. 40, I & T Centre
Jehlum Road, Sector G-8/4
Islamabad - Pakistan



Lab & Diagnostic Centre Islamabad

Innovation in Healthcare

Muhammad Iqbal Jawaid | Male | 40 Y, 0 M, 0 D

MR# : 23 02 -4448

ISO 9000:2015

Test	Results	Unit	Normal Range
WBC	9.1	10 ³ /ul	4.0 - 11.0
RBC	4.4	10 ⁶ /ul	4.00 - 6.00
HB	16.2	g/dl	12.0 - 17.0
HCT	45	%	35 - 52
MCV	99	fl	82 - 102
MCH	34	pg	27 - 32
MCHC	35	g/dl	32 - 36
Platelets	251	10 ³ /ul	150-400
Neutrophil	69	%	40 - 70
Lymphocyte	26	%	25 - 40
Monocytes	03	%	2 - 8
Eosinophil	02	%	1 - 7

HBSAG HEPATITIS B SURFACE ANTIGEN

Test	Results
Hepatitis B Surface Antigen (ICT)	Negative

HCV HEP C VIRUS

Test	Results
Hepatitis C ICT	Negative

Electronically verified report. No Signatures necessary

Consultant Pathologist/Microbiologist
Dr. Mureed Abbas
M.B.B.S. DCP
M.Phil (Microbiologist)

Microbiologist & Immunologist
Sahibzada Niamat Ullah Khan
PhD (R.A) Micro & immuno
M.Phil (Microbiology), B.Sc MLT, Pgd Cytology

Consultant Haematologist
Dr. Sara Ali Zaidi
MBBS
FCFS Haematology

Consultant Microbiologist
Dr. Sabahat Rehman
MBBS AMC
M.Phil (Microbiology) NUST



Zimri Orthopedic
Hospital
(A Project of IO&SC Pvt Ltd)

Biomax
Lab & Diagnostic Centre
Islamabad



Healthcare

Gyabul Jawed
 Age: 38

→ RTA case,
 RT tibia,
 fibula fracture.
 5 days ago.
 - Can only
 sit and lie
 down.

- DM -ve.
 HTN -ve.

~~_____~~

→ 2cm -
 the distal fibula
 = X₂ Anteroposterior
 Regularly X-ray

Date: 1-3-23

△ Smith type I.
 open & fix



ہولی فیملی ہسپتال راولپنڈی

Holy Family Hospital

Satellite Town, Rawalpindi - Ph: 051-9290321-7

Main Emergency



MR No: 0223-78119

IIQBAL

S/O HAFEEZ, 36 y(s) Male

Address: IJP ROAD RWP

CNIC: _____

Registration Date: Saturday, February 25, 2023 12:08 am

Emergency Registration No: EEM-46717-23

EMERGENCY TRIAGE LEVEL	Medical	Red	Yellow	Blue	Green	Triage physician	Sign & Stamp
		Surgical	Red	Yellow	Blue		

To be seen by ER physician within 1 hour

To be seen by PCT in Yellow area within 30 minutes

To be shifted to red area immediately accompanied by hospital staff

Visit No: 1

History/Clinical Findings/ Advise & Treatment

Visit Reason:

S/B SUI

P/one = mid

P/c = RTA / Hit by truck

P/O/E = ENT bleed (F)

Trauma to face & leg

Plan = inj diclo stat
inj IT stat

X-ray chest + pelvis + skull + Rt arm

fast scan -
Pass in line

S/P/ur/RS

(P) Tibial fracture
- Bone scan not done

Take Diclo 144. 37900
Tab valpro 144.
Cap. Swept 400/144

A = intact
B = normal
C = normal
D =

Vitals

Pulse 90
B.P 120/80
Temp A/F
R.R 20/min
BSR _____
SpO2 95%

Premorbid

- DM
- HTN
- IHD
- Stroke
- TB
- Asthma
- Smoking
- Liver Disease
- Joint Pain

Lab No _____

Labs Receiving

- Time _____
- CP
- URE
- RFT's
- LFT's
- SE
- BSR
- S. Ketones
- Car. enz
- PT/APTT
- ABGs
- CSF R/E
- Asc. R/E
- Pleu. R/E

Labs Reporting

Time _____

Ro

2. Tab moxifloxacin 170.

2. Tab Ecasid 600mg 170.

170.

2. Cap Ruvacloxyd 170

170

2. Tab tramadol 170

2. Tab oseltamivir 170