



HEALTH DIAGNOSTIC CENTRE

MRI, LAB, ULTRASOUND, X-RAY, NCS
EMG, EEG, ECG, CT SCAN

healthdiagnostic8@gmail.com
Khattak Medical Centre Basement
Dabgari Garden Peshawar.
0301-8889930 / Ph: 091-2564536

Patient Name: FAIZA	Date of Sampling: 10/10/2023
Age: ? Sex: FEMALE	Date of Result: 10/10/2023
Lab ID: 6426-10	Ref. By:

Parameter	Result
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Complete Blood Picture

Parameter	Results	Parameter	Results
Haemoglobin Reference: 13.5-19.5 g/dl	8.5	Neutrophils Reference: 40-70%	66
WBC (TLC) Reference: 4.0-11.0 x10 ⁹ /l	9.0	Lymphocytes Reference: 10-39%	30
Platelets Reference: 150-400 x10 ⁹ /l	359	Monocytes Reference: 1-4%	01
RBC Reference: 3.5-5.8 x10 ¹² /l	4.87	Eosinophils Reference: 1-3%	03
PCV (HCT) Reference: 36-44 l/l	28.8	Basophils Reference: 0.1-1.0%	00
MCV Reference: 80-100 Fl	59.1	Neutrophils Reference: 2.0-7.0 x10 ⁹ /l	5.94
MCH Reference: 24-30 pg	17.5	Lymphocytes Reference: 1.5-4.0 x10 ⁹ /l	2.70
MCHC Reference: 30-35 g/dl	29.6	Monocytes Reference: 0.2-0.8 x10 ⁹ /l	0.09
RDW Reference: %	17.6	Eosinophils Reference: 0.04-0.4 x10 ⁹ /l	0.27
PMV Reference: %	7.9	Basophils Reference: 0.02-0.1 x10 ⁹ /l	0.00

This Report is solely Based on the sample received needs clinical. The referring physician may contact reporting pathologist for detail discussion

Please feel free to call within 48 hours for free repeat of any blood test

Sonologist

Dr. Tariq Masood
M.B.B.S(KMC)D.H.P.M(PESH)
FCPS-II (Radiology)

Mr. Imran Shah
DMLT
(KPK Medical Faculty)

KHYBER TEACHING HOSPITAL PESHAWAR



MEDICAL TEACHING INSTITUTION

Ph: 0092-91-9224400-7

Website: www.kth.gov.pk / E-mail: info@kth.gov.pk

LBB = ~~AM~~ 15 year
MFZ 15 year

UNIT

GCW

BP: _____
Pulse: _____

Bed No: -----

Admission No: -----

Patient's Name: -----

Faiza

Age: -----

Years: -----

Sex: -----

Father's / Husband Name: -----

M. Islam

Date of Admission: -----

13/10/23

Time of Admission: -----

NIC No: -----

Telephone No: -----

Full Address: -----

Baderbessa (Peshawar)

MR No

04350260

Clinical Diagnosis: -----

P₄ (3 lines ¹⁸ 28) = shortness of breath =

Final Diagnosis: -----

polymyoma. (cycle 2/22) (heavy bleeding)

Date of Discharge: -----

Time of Discharge: -----

Attending Doctor's Name: -----

Sign: -----



Invoice

Patient Name: FAIZA BIBI
 Father/Husband Name: MUHAMMAD ISLAM
 Sex: Female Age: 34 Year(s)
 Date of Birth: 13-10-1989 NIC #: 1730125590668
 Admission No: K0323000093281 Bed #: K031570
 Ward Name: GYNAE C (GYNAE-C-30)
 Address: House #, Street #, Sector/Area Peshawar Pakistan
 Phone Number: 92 0307 5592680

Medical Record No: 000-04350260
 Order #: 23-0095058
 Invoice #: K03235112789
 Invoice Date: 13-OCT-2023 11:10 AM
 Receipt #: K03232474215
 In House Doctor: TAYABA MAZHAR

Sl. No.	Description	Stat	Qty	Actual Price	Stat Charges	Discount	Amount	Report Date	Doctor Name	Ho
1	OUT PATIENT DEPARTMENT-KTH 59810 ADMISSION FEE	NO	1	100 00			100 00			
2	Surgery KTH 59853 OT Charges	NO	1	200 00			200 00			
Total Amount							300 00			
Cash							300 00			

Receipt

Payment Mode: CASH Cheque/CC No: Bank / Branch: Validity Date: Amount: 300.00 Currency: PAKISTANI RUPEE Rate: 1 Amount Rs: 300.00

Receipt No. K03232474215

Received with thanks from FAIZA BIBI

a sum of Rs. 300.00 on account of above mentioned services.

NOTE

Print date: 13-OCT-2023 11:10 AM
 User code: K0360000006449
 Terminal: WJ SK TH4

Invoice Trn date: 13-OCT-2023 11:10 AM
 Invoice Trn User: K0360000006449
 Invoice Trn Terminal: AD0-AC02

Object Code: S06REP000



OUTPATIENT DEPARTMENT (OPD)

Khyber Teaching Hospital
GYNAE-B-OPD
Medical Teaching Institution, Peshawar
Khyber Pakhtunkhwa - Pakistan

Appointment Time : 09:24:00

M.R. No : K0300004350260

Name : Faiza Bibi

Gender : Female

Age : 34 Year(s)

Invoice # : K03235107887

Receipt # : K03232471365

Amount Paid : 20.00

Date : 13-OCT-23

39

Complaints:

Rx

Findings:

Investigations:

Admit
Dr. Gul-e-Nisreen Syed
Khyber Teaching Hospital Peshawar

Diagnosis:

Gynecologist
Associate Professor

Dr. Zubaida Akhtar

MBBS, FCPS

Gayne "C" Unit Khyber Teaching
Hospital Peshawar.

(Not Valid for Medico Legal Purpose)



گائناکالوجسٹ
ایسوسی ایٹ پروفیسر

ڈاکٹر زبیدہ اختر

ایم بی بی ایس، ایف سی پی ایس
گائنی "C" یونٹ خیبر ٹیچنگ ہسپتال پشاور

Name: Faiza Begum Age _____ Date: 10-10-23

40

Shortening of uterus.
HMB.

Pyelitis $\left\{ \begin{array}{l} \text{LSP} \\ \text{RSP} \end{array} \right.$

Hx of cholelithiasis

Cycle 7/28

Flow: Heavy.

Advised GCW on
Friday 13.10.23 for
work-up + further management.

BP: 130/80

Pulse 80/min.

RA 50%

P/U: UT Bulky

دوبارہ معائنہ کیلئے ----- بعد تشریف لائیں۔

P/U.

کلینک: B-13، دوسری منزل خٹک میڈیکل سنٹر ڈگری گارڈن پشاور

کلینک نمبر لینے کیلئے صبح 10 بجے سے دوپہر 3 بجے تک فون کریں 0310-9359676

Advental NA

People

Leave Application

1. To be completed by the applicant:

Full Name	Faiza
Employee Code	10600199 (21)
CNIC #	17301-2559066-8
Designation	CHW
Union council	Badaber Margumai
Block	Saddar

LEAVE DETAILS:

Type Of Leave	Annual	Sick	Emergency	Other
Leave Requested For	# of Days	7	From	To
			13-10-2023	19-10-2023
Brief Reason of Leave	Medical			

CONTACT DETAILS

Address During Leave	
Mobile Number	0315123149

Applicant Signature

Date



UCOO

13-10-23

Union Manager Signature

Designation

Date

forwarded for necessary action from
high ups.

UCPO Signature

Date 13/10/23

Leave Policy:

- ◆ Annual Leave is earned each month.
- ◆ Maximum 5 Annual Leaves can be used per quarter. (3 months of each quarter)
- ◆ At the end of the Quarter, 50% of unused leaves will be carried forward to next quarter.
- ◆ If leave is for 6 or more days, then Sunday will also count as an annual leave.
- ◆ Leave cannot be taken during or less than 7 days before the campaign.
- ◆ If staff does not return from leave on agreed date, they can be terminated