Family Care Clinic and Scan Centre
G. Nooraaneemaage
K. Male'

Reference Code: PR/0052210/2025/0011

Patient:	*Fathimath Saara Ihusan*	**Age:**	*9 years*	**Issued Date:**	*30th Jun 2025*
ID Card:	*a437937*	**Sex:**	*Female*	**Address:**	*Snow Light, K. Male'*

PATIENT HISTORY AND PHYSICAL EXAM

diagnosed last on 30/06/2025 05:36:47 pm

C/O - case of atopic dermatitis - frequent flare ups - at present - itchy plaques over elbow , legs - with areas of lichenification - sleep disturbed at night - - refusing to go to school - previously - taken oral cycosporine - planned for inj dupilumab -ordered

O/E

Advice - continue levocet - monteleukast - review - with reports

DIAGNOSES

ICD Code	Diagnosis	Remark
L20	[Provisional] Atopic dermatitis	

MEDICATION / TREATMENT

Medicine / Consumable	Strength / Size	Dosage Form	Instructions
Clobetasol	0.05%	Cream	LA BD 2 weeks - thick patches on feet , legs - elbow - -3 tubes
Fusidic Acid + Hydrocortisone Acetate	2% + 1%	Cream	LA OD 10 days - rashes around eye lids -2 tubes
Fluticasone Propionate	0.5%	Ointment	LA OD 1 week - then alternate days 1 week - rashes around mouth - / lips

DR. MOHAMED HAIKAL ABDUL RAHMAN, MBBS, MD
Senior Consultant in Dermatology
PMR 0133
Family Care
Male', Republic of Maldives

ﷺ ދިވެހިރާއްޖޭގެ ސިއްހީ ސަލާމަތާ ގުޅޭ ކަންކަމަށް ތަކުރާރުކުރަންވީ ނަންބަރު 7951400 ގެ ދަތުރުވާ ފަރާތަށް ގުޅުއްވާ!

Dr. Mohamed Haikal Abdul Rahman (PMR 0133)
Specialist dermatologist

FAMILY CARE

Treatment

Patient: Fathimath Saara Ihusan
NID: A437937
Age: 9 years 3 months 11 days

Reference: 20250070
Service Reference: SR/2025/23118
Date: 30.06.2025 17:42

Details	
Cause/Complaint	To whom it may concern - The above patient is on treatment for Atopic Dermatitis , with frequent flare ups . She has areas of lichenification , and excoriation . She was treated with oral cyclosporine previously with initial improvement . At present she is planned for inj, Dupilumab as symptoms are not adequately controlled with current medications . Kindly assist arrange for the medications -

Diagnosis	
-	

Note

~~Dr Mifaz~~
Consultation

DR. MOHAMED HAIKAL ABDUL RAHMAN, MBBS, MD
Senior Consultant in Dermatology
PMR 0133
Family Care
Male', Republic of Maldives

FAMILY CARe

Service Request

Patient#: PN0039001, NID#: A437937
Name: Fathimath Saara Ihusan (Mobile: 7533300 /7923330)
Address: K. Male' / Ma. Snow Light
9 years 3 months 11 days / Female

NOT REFUNDABLE

Ref#: SR/2025/23118
Date: 30.06.2025 12:13
Printed By: Raaidhu

Code	Description	Price	Discount	Total
SC001	Senior Consultation	500.00	0.00	500.00
MNG001	Management Fee	100.00	0.00	100.00
			Sub Total	600.00

Token: 7
30.06.2025 16:00
Dr. Mohamed Haikal

Room 7

Aasandha-100.00,
Advance: -0.00
Insurance: -100.00
Total: 500.00

FAMILY CARE

Treatment

Patient: Fathimath Saara Ihusan
NID: A437937
Age: 9 years 1 months 1 days

Reference: 20250045
Service Reference: SR/2025/13255
Date: 20.04.2025 18:03

Details	
Cause/Complaint	To whome it may concern- The above patient is a case of atopic dermatitis, with frequent flare ups. She was previously treated with oral cyclosporine , and topical and oral anti histamines. As her symptoms are not adequately controlled , she is recommended to start on inj Dupilumab as prescribed. Kindly arrange for the medications as prescribed at earliest Thank You Dr Haikal Abdul Rahman 0133

Diagnosis	
-	

Note

DR. MOHAMED HAIKAL ABDUL RAHMAN, MBBS, MD
Senior Consultant in Dermatology
PMR 0133
Family Care
Male', Republic of Maldives

Dr Mafaz
Consultation

Family Care Clinic and Scan Centre
G. Nooraaneemaage
K. Male'

Reference Code: PR/0052210/2025/0002

Patient:	*Fathimath Saara Ihusan*	**Age:**	*9 years*	**Issued Date:**	*6th Feb 2025*
ID Card:	*a437937*	**Sex:**	*Female*	**Address:**	*Snow Light, K. Male'*

VITALS

last vitals taken on 06/02/2025 05:49:16 pm

BP:	-	**Pulse:**	-	**Temp:**	-	**SpO_2:**	-
Weight:	*29.45 KG*	**Respiration:**	-	**Height:**	-	**FHS:**	-

Notes: -

PATIENT HISTORY AND PHYSICAL EXAM

diagnosed last on 06/02/2025 05:49:24 pm

C/O - atopic dermatitis with frequent flare up --- frequent infected areas - - currently on oral cyclosporine 100 mg / six months - - at present excroriated areas over legs,

O/E

Advice - pulmonogist/ peads consultation - - consider inj dupilumab - - review with labs -

DIAGNOSES

ICD Code	Diagnosis	Remark
L20	[Provisional] Atopic dermatitis	

MEDICATION / TREATMENT

Medicine / Consumable	Strength / Size	Dosage Form	Instructions	
INJ dupilumab 200 mg			400 mg for SC injection once , then 200 mg SC injection every 14 days - for six months	**Not Covered**

DR. MOHAMED HAIKAL ABDUL RAHMAN, MBBS, MD
Senior Consultant in Dermatology
PMR 0133
Family Care
Male', Republic of Maldives

ކާނާ ތިބެމުންދާ ދަތުރުތަކުގައި ފާޚަތުވެ ދާ ކަމެއް ހުރިނަމަ 7951400 ގަޑިއިރު ތެރޭ ގުޅުއްވާ ދެއްވުމަށް!

Dr. Mohamed Haikal Abdul Rahman (PMR 0133)
Specialist dermatologist

PRESCRIPTION

ID : IGMH0000290138 (A437937)
: Ms FATHIMATH SAARA IHUSAN
MA. SNOW LIGHT, Male', Kaafu, MALDIVES
Age / Sex : 9 Years 2 Months / FEMALE

TID : OPIGMH1524929
Date : 10/06/2025 08:43:15

Temperature	Pulse Rate	Respiratory Rate	Blood Pressure	Weight	Height	SPO2
			/			

PATIENT HISTORY AND PHYSICAL EXAM:

C/O: **Case of Atopic dermatitis with flare up of lesions.**

O/E: O/E
Scaly plaques on periorbital and perioral region
Scaly plaques with erosions on fingers and feet

ALLERGIES:

FINDINGS:

INVESTIGATIONS:

DIAGNOSIS: L20 - Atopic dermatitis

MEDICATION	DOCTOR'S INSTRUCTION
prednisolone | Dispersible Tablet | 10 mg	1 tab OD for 1 week then 1/2 tab OD for 1 week - after food
fluticasone | Cream | 0.05%	LA HS for 1 week - face
mometasone furoate + fusidic acid 2% w/w	Cream 0.1% w/w LA BD x 10 days (hand and feet) 2 tubes
levocetrizine | Oral Liquid | 2.5mg/5ml	5ml HS x 2 weeks

ADVICE: Atomist cream LA BID for 1 month - body

F/U after 1 week

Dharumavantha Hospital

Dr. Aminath Luhushan, PMR 0125
Consultant in Dermatology

Signature & Seal:

All prescriptions issued under aasandha are valid up to 30 days only.

Please report to DH Information Counter, if you have any difficulty in getting the prescribed medicine.

Family Care Clinic and Scan Centre
G. Nooraaneemaage
K. Male'

(UV therapy & UVB)

Reference Code: PR/0052210/2025/0007

Patient:	*Fathimath Saara Ihusan*	**Age:**	*9 years*	**Issued Date:**	*20th Apr 2025*
ID Card:	*a437937*	**Sex:**	*Female*	**Address:**	*Snow Light, K. Male'*

PATIENT HISTORY AND PHYSICAL EXAM

diagnosed last on 20/04/2025 05:50:49 pm

C/O - review - atopic dermatitis - flare ups - -multiple excoriated areas -over feet, and hands -

O/E

Advice - - previously treated with oral cyclosporine - six month course taken -

DIAGNOSES

ICD Code	Diagnosis	Remark
L20.9	[Provisional] Atopic dermatitis, unspecified	

MEDICATION / TREATMENT

Medicine / Consumable	Strength / Size	Dosage Form	Instructions
Prednisolone	10 mg	Tablet	15 mg od 5 days, then 10 mg od 5 days then 5 mg OD 5 days - after meal- after meal
Pantoprazole [Pantor]	20 mg	Tablet	1 OD 1 week - before meal
Sodium Fusidate [Fobancort]	2%	Cream	LA BD 2 weeks - thick patches on legs, hands, feet - 8 tubes -(issue fobancort cream)
Levocetirizine [Clencet]	5 mg	Tablet	1 tab night 1 month

DR. MOHAMED HAIKAL ABDUL RAHMAN, MBBS, MD
Senior Consultant in Dermatology
PMR 0133
Family Care
Male', Republic of Maldives

Review 2wk fusidyl

ކާބަފައިގެ ތަންދުގައި ދެމެހެއްޓުމަށް ދަތިވާ ކަމެއް ހުރިނަމަ ތަންދުގައި ދެމެހެއްޓުމަށް ދަތިވާ ކަމެއް ހުރިނަމަ 7951400 ގަޑިއިރު ތަކެއް ދުވާ ތަންދުގައި ދެމެހެއްޓުމަށް ދަތިވާ ކަމެއް ހުރިނަމަ!

Dr. Mohamed Haikal Abdul Rahman (PMR 0133)
Specialist dermatologist

PTH(1)

PRESCRIPTION

Hospital No : IGMH0000290138 (A437937) **TID** : ERIGMH1379540
Name : Ms FATHIMATH SAARA IHUSAN
MA. SNOW LIGHT, Male', Kaafu, MALDIVES
Age / Sex : 9 Years 2 Months / FEMALE **Date** : 04/06/2025 14:42:59

Temperature	Pulse Rate	Respiratory Rate	Blood Pressure	Weight	Height	SPO2
37.2 F	94 BPM		111 / 70 mmHg	31.6 KG		97 %

PATIENT HISTORY AND PHYSICAL EXAM:

C/O: **Receiving Note in Paed ER GZ**
31.6

Worsened eczema x 1 month, consulted derm and using betamethasone 0.06% and Fusidic 2%
Unresolved
Severe itching

k/c/o eczema since 3 yrs of age

D/W Dr.Minna(Senior consultant Pediatrician)
D/W Dr.Mahfooza(Consultant Dermatologist)

O/E:

ALLERGIES:

FINDINGS:

INVESTIGATIONS:

DIAGNOSIS: L20.8 - Other atopic dermatitis

MEDICATION	DOCTOR'S INSTRUCTION
fusidic acid + betamethasone | Cream | 2% + 0.1%	local application BD x 10 days
levocetirizine ip | Tablet | 5 mg	HS x 10 days
montelukast | Tablet | 4 mg	HS x 2 weeks
consumable	Oilatum cream to continue

Dharumavantha Hospital

Dr. Aishath Thasneem Mohamed
Medical officer

Signature & Seal:

All prescriptions issued under aasandha are valid up to 30 days only.

ތަކެތި ލިބިގަތުމުގައި ކުރިމަތިވާ ކަމެއް ހުރިނަމަ 7951400 ނަމްބަރަށް ތަކެތީ ލިބިގަތުމުގެ ކައުންޓަރަށް ދާން ބުނާށެވެ.
Please report to DH Information Counter, if you have any difficulty in getting the prescribed medicine.

State Code: 32

We'll Treat You Well

DRUG LIC NO. :KL-EKM-104105/20,KL-EKM-104106/21,KL-EKM-104109/20F

CASH SALE (RETAIL INVOICE)

Bill No	CA24/255/122518	Bill Date	04/12/2023 11:45AM	Aster ID	300600516
Patient Name	MS FATHIMATH SAARA IHUSAN	Age/Gender	7 Year Female	Doctor	Dr. Ranjit Baby Joseph
Company Name	SELF PAY	Remarks			

5	VENUSIA MAX 150GM MOISTURISING CREAM	3004999	DR	BZD3090	30/06/2025	5	610.00	516.95	2584.75	0.00	9	232.63	9	232.63	3050.00
6	OMNACORTIL FORTE 15MG/5ML 60ML SYRUP	30021099	MAC	GPL23045A	31/08/2026	1	57.79	51.60	51.60	0.00	6	3.10	6	3.10	57.79
7	ZEROSTAT VT SPACER DVC	3004590	CIP	16J23071	30/04/2028	1	480.24	428.79	428.79	0.00	6	25.73	6	25.73	480.24

Mode	Amount
Cash	6286.00

Discount Amt	:	0.00	Gross Amount : 5473.64
GST Amount	:	811.92	Round off Amt : 0.44
			Patient Amount : 6285.56
			Net Amount : 6285.56

* Above mentioned prices are inclusive of CGST and SGST taxes if applicable.
Medicines returns (full strips only) will be done within 15 days of Purchase.
Vaccines & Refrigerated medicines cannot be returned.
Kindly bring original bill at the time of return. *

Issued By : Midhuna Gopinath

Aster Medcity * Dispensed * PHARMACY

Signature

Printed By : 217105 Printed On : 04/12/2023 11:45 AM

ASTER DM HEALTHCARE LTD. (Kochi)
Cheranallor, Kochi 682 027, Kerala,India
T +91 484 6699999 , op1pharmacy.medcity@asterhospital.com W astermedcity.com
8111998220 & 8111998221

AASANDHA COMPANY LTD

Fen Building, 3rd Floor,
Ameenee Magu, Machchangolhi,
Male', 20375, Republic of Maldives
E-mail: 1400@aasandha.mv
Tel: +960 3011400 ; Fax: +960 3013636
Hotline: 1400

Ref: ASND/REF/2023/792

Recommendation Form for Referral Abroad under Husnuvaa Aasandha Scheme

Recommending Doctor

Name: Mohamed Haikal Abdul Rahman (PMR 0133)
Specialist dermatologist

Facility: Family Care Clinic and Scan Centre

Patient Information

Name: Fathimath Saara Ihusan
National ID: a437937
Sex: female
Age: 7 yrs
Address: Snow Light / K Male'

Hospital no: A437937
IP/OP: OP
Duration of Treatment: 6 months
Admission Date & Time: -
Ward/Bed no: -

Clinical Details

Diagnosis:
L50.8 - Other urticaria (Provisional)

Assessment of present condition (positive clinical findings):

recurrent urticarial wheals

Intervention(s) indiciated but not available in the Maldives:

review with pedeiatic allergist immunotherapy

Comments by recommending doctor:

was advised to review with pediatric allergist

Please specifiy the invesigation and treatment anticipated from abroad:

immunotherapy -

Additional Details:

Case Contact:
Fathimath Saara Ihusan
7923330

Decalration:
I hereby DECLARE the forgoing particulars and statements are true and correct to the best of my knowledge. I am fully aware that this document is for the purpose of Aasandha Pvt Ltd and Aasandha may refer to me for further information to substantiate this recommendation and I agree to provide such information.

Signature
Date: 14 Nov 2023 18:16

DR.MOHAMED HAIKAL.MBBS.MD
Consultant in dermatology and venereology
Reg no.PMR-0133
Family Care Clinic & Scan Center
Male' Republic of Maldives

AsterMedcity
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Patient Prescription

Patient Name	: Fathimath Saara Ihusan	**Prescription No.**	: 23167505
Aster ID	: 300600516	**Prescription Date**	: 05/12/2023 11:55AM
Consultant Name	: Dr. Anncilla Jose	**Indent Type**	: Routine Orders
Patient Address	: maldives k male , Maldives, Maldives, Maldives	**Diagnosis:**	

S#	Generic	Item Name	Prescription Detail
1	PREDNISOLONE ACETATE	WYSOLONE 5 MG DT TABLET	2 Tablet(s) - once a Day - for 5 Day(s) (Oral), After Breakfast, Instructions: 2-0-0 x 5 days and then 1-0-0 x 5 days
2	HYDROXYZINE HYDROCHLORIDE	ATARAX 10MG TABLET	1 Tablet(s) - 2 times a day - for 10 Day(s) (Oral), Instructions: 0
3	MOMETASONE + FUSIDIC ACID	HHFUDIC 10GM CREAM	1 Locally Apply - Bed Time - for 10 Day(s) (Topical), Instructions: 0

Specialist
DERMATOLOGY
Reg. No.: 63852,ASTER DM HEALTHCARE LTD. (Kochi)

Printed By: 204375 Printed Date Time: 05/12/2023 12:01 PM

* This is a computer generated document. No signature required.

ASTER DM HEALTHCARE LTD. (Kochi)
Cheranallor, Kochi 682 027, Kerala,India
T +91 484 6699999 astermedcity@asterhospital.com W astermedcity.com

GSTIN No.: GSTIN : 32AACCD7912K1ZQ

State : Kerala

State Code: 32

DRUG LIC NO. :KL-EKM-104105/20,KL-EKM-104106/21,KL-EKM-104109/20F

AsterMedcity
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CREDIT SALE (RETAIL INVOICE)

Bill No	CR25/255/1359	Bill Date	27/09/2024 11:07AM	Aster ID	300600516
Patient Name	MS FATHIMATH SAARA IHUSAN	Age/Gender	8 Year Female	Doctor	Dr. Anncilla Jose
Company Name	Aasandha Insurance Company Maldives-credit	Remarks			

Whether Tax is payable under Reverse Charge : No

SNo	Particulars	HSN	MNF	Batch	Expiry	Qty	MRP	Rate (₹)	Amt	Disc	CGST %	CGST	SGST %	SGST	Net Amt
1	SANDIMMUNE NEORAL 100 MG 50ML LIQUID	30049099 1	NOV	ADP615347	31/07/2026	1	4230.45	4024.09	4024.09	0.00	2.5	100.60	2.5	100.60	4230.45
2	LEVOCET 5MG TABLET	3041030	HET	2GT24459D	30/06/2027	30	5.15	4.60	137.95	0.00	6	8.28	6	8.28	154.50

Mode Amount

Discount Amt	:	0.00	Gross Amount	: 4167.19
GST Amount	:	217.76	Round off Amt	: 0.05
			Patient Amount	: 0.00
			Net Amount	: **4384.95**

* Above mentioned prices are inclusive of CGST and SGST taxes if applicable.
Medicines returns (full strips only) will be done within 15 days of Purchase.
Vaccines & Refrigerated medicines cannot be returned.
Kindly bring original bill at the time of return. *

Issued By : AMRITHA KRISHNA P R

Aster Medcity Dispensed

Signature

Printed By : 195657 Printed On : 27/09/2024 11:07 AM

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T +91 484 6699999 , op1pharmacy.medcity@asterhospital.com W astermedcity.com
8111998220 & 8111998221

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Patient Prescription

Patient Name	: Fathimath Saara Ihusan	**Prescription No.**	: 24120722
Aster ID	: 300600516	**Prescription Date**	: 27/09/2024 10:38AM
Consultant Name	: Dr. Anncilla Jose	**Indent Type**	: Routine Orders
Patient Address	: maldives k male , Maldives, Maldives, Maldives	**Diagnosis:**	

S#	Generic	Item Name	Prescription Detail
3	CETYL ALCOHOL + STEARYL ALCOHOL	CETAPHIL RESTORADERM 295ML MOISTURING LOTION	1 Locally Apply - 2 times a day - for 4 Week(s) (Topical), Instructions: whole body
4	LEVOCETIRIZINE	LEVOCET 5MG TABLET	1/2 Tablet(s) - 2 times a day - for 30 Day(s) (Oral), Instructions: 0
5	TACROLIMUS	TACROZ FORTE 10GM OINTMENT	1 Locally Apply - Bed Time - for 3 Month(s) (Topical), Instructions: daily night x 3 months
6	CYCLOSPORINE	SANDIMMUNE NEORAL 100 MG 50ML LIQUID	0.60 ml - Bed Time - for 1 Month(s) (Oral)

Specialist
DERMATOLOGY
Reg. No.: 63852,ASTER DM HEALTHCARE LTD. (Kochi)

Printed By: 195657 Printed Date Time: 27/09/2024 10:45 AM

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T +91 484 6699999 astermedcity@asterhospital.com W astermedcity.com

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Patient Prescription

Patient Name	: Fathimath Saara Ihusan	**Prescription No.**	: 24120722
Aster ID	: 300600516	**Prescription Date**	: 27/09/2024 10:38AM
Consultant Name	: Dr. Anncilla Jose	**Indent Type**	: Routine Orders
Patient Address	: maldives k male , Maldives, Maldives, Maldives	**Diagnosis:**	

S#	Generic	Item Name	Prescription Detail
1	MOMETASONE + FUSIDIC ACID	HHFUDIC 10GM CREAM	1 Locally Apply - Once a Day - for 1 Week(s) (Topical), Instructions: daily morning x 7 days then alternate morning x 7days - itchy lesions on body
2	ALOE VERA EXTRACT + VITAMIN E	VENUSIA MAX 150GM MOISTURISING CREAM	1 Locally Apply - 3 times a day - for 4 Week(s) (Topical), Instructions: whole body

Rajagiri Hospital
We care. We cure

Chunangamvely, Aluva, Kerala - 683 112, India
+91 484 2905000 / +91 484 7184000
mail@rajagirihospital.com www.rajagirihospital.com

B2 OP Pharmacy (Tax Invoice)

UHID	: RAJH.24652195	**Date**	: 10-Jan-2025 3:24 pm
Patient Name	: Ms. FATHIMATH SAARA IHUSAN	**DL. No**	: KL-EKM-153697
Age/Sex	: 8 Year(s) 9 Month(s) / Female	**Bill/Rcpt**	: **PPO177852/0**
Doctor	: Dr.Preethy Harrison	**GST No**	: 32AABTR7170B1ZV
Company	: Aasandha		
Address	: MALDIVES ,MALDIVES,MALDIVES,.,68586	**Phone No**	: 6385636709
		Token No	: 110

Sr No	Particulars MFR / HSN	Qty	Expiry / Batch	MRP	Disc %	Rate	GST %	Amount
1	SANDIMMUN NEORAL 100MG SOLUTION 50ML NOVAR/30042099	1	Dec-26/ ADP61535 1	4,230.45	0.00	4,230.45	5.00	4230.45

Taxable Amt : 4,029.00 **SGST** : 100.73 **CGST** 100.73 **Cess** : 0.00 **Total** : **4,230.45**

Round Amount : **4,230.00**
Patient Due : **0.000**

Sum of Rs. 4230 To be Paid By: Aasandha (A/C Ms. FATHIMATH SAARA IHUSAN)
RUPEES FOUR THOUSAND TWO HUNDRED THIRTY ONLY

Verified by Pharmacist
Name : Dayana

Signature
Jyothisha M J

Refrigerator items sold will not be taken back.
Returns if any should be made within 15 days with original bill and should be in good condition

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ETHICAL PRINCIPLES IN HEALTH CARE

Chunangamvely, Aluva, Kerala - 683 112, India
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mail@rajagirihospital.com www.rajagirihospital.com

B2 OP Pharmacy (Tax Invoice)

UHID	: RAJH.24652195	**Date**	: 09-Jan-2025 2:01 pm
Patient Name	: Ms. FATHIMATH SAARA IHUSAN	**DL. No**	: KL-EKM-153697
Age/Sex	: 8 Year(s) 9 Month(s) / Female	**Bill/Rcpt**	: **PPO177672/0**
Doctor	: Dr.Preethy Harrison	**GST No**	: 32AABTR7170B1ZV
Company	: Aasandha		
Address	: MALDIVES ,MALDIVES,MALDIVES,.,68586	**Phone No**	: 6385636709
		Token No	: 77

Sr No	Particulars MFR / HSN	Qty	Expiry / Batch	MRP	Disc %	Rate	GST %	Amount
1	ESFAT-PLUS CAP FLORE/30045020	30	May-26/ LSGF1035	9.50	0.00	9.50	18.00	285.03
2	ALLEGRA 120MG TAB SANOF/30049039	9	Aug-26/ 4NG023	26.47	0.00	26.47	12.00	238.25
3	ALLEGRA 120MG TAB SANOF/30049039	21	Sep-26/ 4NG024	26.47	0.00	26.47	12.00	555.91

30

Taxable Amt : 950.61 **SGST** : 64.29 **CGST** 64.29 **Cess** : 0.00 **Total** : **1,079.19**

Round Amount : **1,079.00**
Patient Due : **0.000**

Sum of Rs. 1079 To be Paid By: Aasandha (A/C Ms. FATHIMATH SAARA IHUSAN)
RUPEES ONE THOUSAND SEVENTY-NINE ONLY

Verified by Pharmacist

Signature
Jyothisha M J

Name : A 1900

Refrigerator items sold will not be taken back.
Returns if any should be made within 15 days with original bill and should be in good condition

Run Date : 09-Jan-2025 2:01 pm Dayana

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B2 OP Pharmacy (Tax Invoice)

UHID	: RAJH.24652195	**Date**	: 09-Jan-2025 2:01 pm
Patient Name	: Ms. FATHIMATH SAARA IHUSAN	**DL. No**	: KL-EKM-153697
Age/Sex	: 8 Year(s) 9 Month(s) / Female	**Bill/Rcpt**	: **PPO177671/131522**
Doctor	: Dr.Preethy Harrison	**GST No**	: 32AABTR7170B1ZV
Address	: MALDIVES ,MALDIVES,MALDIVES,.,68358 6	**Phone No**	: 6385636709
		Token No	: 76

Sr No	Particulars MFR / HSN	Qty	Expiry / Batch	MRP	Disc %	Rate	GST %	Amount
1	PHYSIOGEL AI LOTION 100 ML GSK/33049990	1	Sep-26/ 181024	730.00	0.00	730.00	18.00	730.00
2	LIQUID PARAFFIN 400ML MEDIP/30049099	1	Mar-27/ 178	200.00	0.00	200.00	12.00	200.00
3	DESOWEN CREAM 0.05%(10G) NESTL/30043200	1	Jul-26/ 4AW09	260.00	0.00	260.00	12.00	260.00
4	ATOGLA PROBIO SACHET 0.75GM ALLIA/21069099	1	May-26/ QAF24N01	50.00	0.00	50.00	18.00	50.00
5	FLUTIVATE E CREAM 30GM GSK/30043200	1	Sep-25/ DC3P	365.65	0.00	365.65	12.00	365.65

Taxable Amt : 1,398.20 **SGST** : 103.72 **CGST** 103.72 **Cess** : 0.00 **Total** : **1,605.65**

Round Amount : **1,606.00**
Patient Due : **0.000**

Cash for Rs. 1606

RUPEES ONE THOUSAND SIX HUNDRED SIX ONLY

(P)

Verified by Pharmacist

Name :

Signature
Jyothisha M J

Refrigerator items sold will not be taken back.
Returns if any should be made within 15 days with original bill and should be in good condition

Run Date : 09-Jan-2025 2:01 pm Dayana

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B2 OP Pharmacy (Tax Invoice)

UHID	: RAJH.24652195	**Date**	: 09-Jan-2025 4:10 pm
Patient Name	: Ms. FATHIMATH SAARA IHUSAN	**DL. No**	: KL-EKM-153697
Age/Sex	: 8 Year(s) 9 Month(s) / Female	**Bill/Rcpt**	: **PPO177720/131568**
Doctor	: Dr.Preethy Harrison	**GST No**	: 32AABTR7170B1ZV
Address	: MALDIVES ,MALDIVES,MALDIVES,.,68586	**Phone No**	: 6385636709
		Token No	: 125

Sr No	Particulars MFR / HSN	Qty	Expiry / Batch	MRP	Disc %	Rate	GST %	Amount
1	ATOGLA PROBIO SACHET 0.75GM ALLIA/21069099	9	May-26/ QAF24N01	50.00	0.00	50.00	18.00	450.01
2	ATOGLA PROBIO SACHET 0.75GM ALLIA/21069099	20	May-26/ QAF24N01	50.00	0.00	50.00	18.00	1000.02

29

Taxable Amt : 1,228.82 **SGST** : 110.61 **CGST** 110.61 **Cess** : 0.00 **Total** : **1,450.03**

Round Amount : **1,450.00**
Patient Due : **0.000**

Cash for Rs. 1450

RUPEES ONE THOUSAND FOUR HUNDRED FIFTY ONLY

Verified by Pharmacist

Name :

Signature
Jyothisha M J

Refrigerator items sold will not be taken back.
Returns if any should be made within 15 days with original bill and should be in good condition

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Prescription

Patient Name	: Ms. FATHIMATH SAARA IHUSAN	**Prescription No**	: RHCR220872
Age/Sex	: 8 Year(s) 9 Month(s) / Female	**Bill Date**	: 09/01/2025
UHId	: RAJH.24652195	**Referred By**	: Self
Doctor Name	: Dr. Preethy Harrison	**Facility Name**	: Rajagiri Hospital

Vitals	Vital Value	Vitals	Vital Value
Temperature (F)	97.80	Pulse Rate (/min)	94
Respiratory Rate (/min)	20	Weight (Kg)	28.10
Height (Cm)	128.00	Pain Score ()	0
Spo2 (%)	97		

Allergies And Habits

No significant allergy history.

Investigation

Pathology

Creatinine (Serum)
Potassium
Vitamin D Total - 25 Hydroxy
CRP C Reactive Protein (Quantitative)
LFT -Mini Panel:
Blood Routine Examination(CBC with ESR). (EDTA Whole Blood)
Total IgE

Medication

1.	SANDIMMUN NEORAL 100MG/ML SOLUTION	ORAL - 0.5 ml	BD(Twice Daily)	For 1 month	
2. CAP	ESFAT-PLUS CAP (VITAMIN A,OMEGA 3 FATTY ACIDS)	ORAL -	OD(Once Daily)	For 1 month	
3. LOT	PHYSIOGEL AI LOTION 100 ML (GLYCERINE,AQUA)	TOPICAL -	TID(Thrice Daily)	For 1 month	on affected areas
4. BOT	LIQUID PARAFFIN 400ML (LIQUID PARAFFIN)	TOPICAL -	OD(Once Daily)	For 1 month	apply on whole body immediately after bath
5. TAB	ALLEGRA 120MG TAB (FEXOFENADINE)	ORAL -	HS(At Bedtime)	For 1 month	

This is a computer Generated Prescription. No Doctor Signature Required

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Prescription

Patient Name	: Ms. FATHIMATH SAARA IHUSAN	**Prescription No**	: RHCR220872
Age/Sex	: 8 Year(s) 9 Month(s) / Female	**Bill Date**	: 09/01/2025
UHId	: RAJH.24652195	**Referred By**	: Self
Doctor Name	: Dr. Preethy Harrison	**Facility Name**	: Rajagiri Hospital

6 . SAC	ATOGLA PROBIO SACHET 0.75GM (LACTOBACILLUS RHAMNOSUS)	ORAL -	OD After food(Once Daily)	For 1 month 30 nos.	
7 . CRM	DESOWEN CREAM 0.05%(10G) (DESONIDE)	TOPICAL -	HS(At Bedtime)	For 2 week	around eyelids / lips
8 . CRM	FLUTIVATE E CREAM 30GM (PROPYLPARABEN,FLUTICASONE PROPIONATE)	TOPICAL -	HS(At Bedtime)	For 1 month	on itchy red rash/ dark areas

Advise

1. Review after 1 month
2. Review on Telemedicine

Signed by: Dr. Preethy Harrison
reg no.: TCMC 55195

This is a computer Generated Prescription. No Doctor Signature Required

LANKA HOSPITALS

21/4/2025

Miss Fathmath Sera Ihusn

Gym.

ΔAD

Very lichenified lesion

Sun exacerbation.

Need Methotrexate/ Cyclosporin/ Dupilumab.

R

Fobancort cream CA bd - 1/52 weeping areas

Fluticasone CA three tub - non lich patches

Betaclob cream CA three tub - thick patches

Alerex 25g nocd - 4/52

Deslorin 5g mane - 2/52

I IgE

Serum IgE level.

Dr. Sriyani Samaraweera
MBBS, MD(Dermatology)
Consultant Dermatologist
Lady Ridgeway Hospital for Children
Colombo

FAMILY CARE

Treatment

atient: Fathimath Saara Ihusan
ID: A437937
ge: 8 years 10 months 18 days

Reference: 20250012
Service Reference: SR/2025/4326
Date: 06.02.2025 18:00

Details	
C	To whom it may concern The above patient is a case of Atopic Eczema , with frequent flare ups . She is currently on oral cyclosporine for past six months. She is advised to consider starting on inj Dupilumab as prescribed for six months. - Kindly arrange for the medications
Diagnosis	
lote	

r. Mohamed Haikal
ermatologist

DR. MOHAMED HAIKAL ABDUL RAHMAN, MBBS, MD
Senior Consultant in Dermatology
PMR 0133
Family Care
Male', Republic of Maldives

State : Kerala

State Code: 32

DRUG LIC NO. :KL-EKM-104105/20,KL-EKM-104106/21,KL-EKM-104109/20F

AsterMedcity
We'll Treat You Well

CASH SALE (RETAIL INVOICE)

Bill No	CA24/255/123204	Bill Date	05/12/2023 12:10PM	Aster ID	300600516
Patient Name	MS FATHIMATH SAARA IHUSAN	Age/Gender	7 Year Female	Doctor	Dr. Anncilla Jose
Company Name	SELF PAY	Remarks			

Whether Tax is payable under Reverse Charge : No

SNo	Particulars	HSN	MNF	Batch	Expiry	Qty	MRP	Rate (₹)	Amt	Disc	CGST %	CGST	SGST %	SGST	Net Amt
1	CETAPHIL CLEANSING 250ML LOTION	33079090	GAL	B3DK247	31/07/2026	1	615.00	521.19	521.19	0.00	9	46.91	9	46.91	615.00
2	HHFUDIC 10GM CREAM	30039034	HEG	H157	31/07/2025	1	315.00	281.25	281.25	0.00	6	16.88	6	16.88	315.00
3	SPOO TEAR FREE 125ML SHAMPOO CURATIO	33049990	CUR	SP2315	31/05/2025	1	300.00	254.24	254.24	0.00	9	22.88	9	22.88	300.00

Mode	Amount
Cash	1230.00

Discount Amt	:	0.00	Gross Amount : 1056.67
GST Amount	:	173.33	Round off Amt : 0.00
			Patient Amount : 1230.00
			Net Amount : * 1230.00

Aster Medcity Dispensed

* Above mentioned prices are inclusive of CGST and SGST taxes if applicable.
Medicines returns (full strips only) will be done within 15 days of Purchase.
Vaccines & Refrigerated medicines cannot be returned.
Kindly bring original bill at the time of return. *

Issued By : Kavya R Nair

Signature

Printed By : 204375 Printed On : 05/12/2023 12:09 PM

ASTER DM HEALTHCARE LTD. (Kochi)
Cheranallor, Kochi 682 027, Kerala,India
T +91 484 6699999 , op1pharmacy.medcity@asterhospital.com W astermedcity.com
8111998220 & 8111998221

medica HOSPITAL
Preventive • Diagnostic • Surgical

Medica Hospital
M. Dahana building
K. Male'

Reference Code: PR/0052210/2025/0006

Patient:	*Fathimath Saara Ihusan*	**Age:**	*9 years*	**Issued Date:**	*29th Mar 2025*
ID Card:	*a437937*	**Sex:**	*Female*	**Address:**	*Snow Light, K. Male'*

PATIENT HISTORY AND PHYSICAL EXAM

diagnosed last on 29/03/2025 01:41:30 pm

C/O - F/U case of severe atopic dermatitis and asthma on treatment with oral cyclosporin but not improving

O/E

Advice -

DIAGNOSES

ICD Code	Diagnosis	Remark
L20	[Provisional] Atopic dermatitis	

MEDICATION / TREATMENT

Medicine / Consumable	Strength / Size	Dosage Form	Instructions
Tacrolimus [Tacroz]	0.03%	Ointment	LA HS x 1month (over rash) q;2
Mometasone Furoate + Fusidic Acid [Momate F]	0.1% + 2%	Cream	LA OD x 1month (over rash) q;2
Paraffin (White Soft Paraffin + Liquid Paraffin)	13.2% + 10.2%	Cream	LA BD x 1month (over body) q;4
Montelukast [Montair]	5 mg	Tablet	HS x 1month

MALE'

Dr. Yin Wai Thant (TMR: 6410)
Dermatologist (MBBS, M.Med.Sc)
Medica Hospital
Male', Maldives

Dr. Yin Wai Thant (TMR 6410)
Specialist Dermatologist

M. Dahana, Faamudheyri Magu, Male' (20189), Republic of Maldives
Phone: 3002255 | **Viber:** 7280622, 7280626 | **WhatsApp:** 9748013 | **Mail:** info@medica.com.mv

Family Care Clinic and Scan Centre
G. Nooraaneemaage
K. Male'

Reference Code: PR/0052210/2025/0002

Patient:	*Fathimath Saara Ihusan*	**Age:**	*8 years*	**Issued Date:**	*6th Feb 2025*
ID Card:	*a437937*	**Sex:**	*Female*	**Address:**	*Snow Light, K. Male'*

VITALS

last vitals taken on 06/02/2025 05:49:16 pm

BP:	-	**Pulse:**	-	**Temp:**	-	**SpO_2:**	-
Weight:	*29.45 KG*	**Respiration:**	-	**Height:**	-	**FHS:**	-

Notes: -

PATIENT HISTORY AND PHYSICAL EXAM

diagnosed last on 06/02/2025 05:49:24 pm

C/O - atopic dermatitis with frequent flare up --- - frequent infected areas - - currently on oral cyclosporine 100 mg / six months - - at present excroriated areas over legs,

O/E

Advice - to consider inj dupilumab- / omalizumab -

DIAGNOSES

ICD Code	Diagnosis	Remark
L20	[Provisional] Atopic dermatitis	

MEDICATION / TREATMENT

Medicine / Consumable	Strength / Size	Dosage Form	Instructions	
INJ dupilumab 200 mg			400 mg for SC injection once , then 200 mg SC injection every 14 days - for six months	**Not Covered**

DR. MOHAMED HAIKAL ABDUL RAHMAN, MBBS, MD
Senior Consultant in Dermatology
PMR 0133
Family Care
Male', Republic of Maldives

ﷺ ދިވެހިރާއްޖެ ގައި ދެކޮޅަށް ހުންނަ ތަކެއް ކުރުމުގެ ތަފާތު ގޮތްތައް ބަލައިގަތުމަށް ދެން ގުޅާ ނަންބަރު 7951400 !

Dr. Mohamed Haikal Abdul Rahman (PMR 0133)
Specialist dermatologist

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B2 OP Pharmacy (Tax Invoice)

UHID	: RAJH.24652195	**Date**	: 10-Jan-2025 3:04 pm
Patient Name	: Ms. FATHIMATH SAARA IHUSAN	**DL. No**	: KL-EKM-153697
Age/Sex	: 8 Year(s) 9 Month(s) / Female	**Bill/Rcpt**	: **PPO177846/131691**
Doctor	: Dr.Preethy Harrison	**GST No**	: 32AABTR7170B1ZV
Address	: MALDIVES ,MALDIVES,MALDIVES,.,68586	**Phone No**	: 6385636709
		Token No	: 104

Sr No	Particulars MFR / HSN	Qty	Expiry / Batch	MRP	Disc %	Rate	GST %	Amount
1	VENUSIA MAX LOTION 300 GM DR. R/33049930	1	Sep-26/ BZD4132	801.50	0.00	801.50	18.00	801.50
2	LIQUID PARAFFIN 400ML MEDIP/30049099	3	Mar-27/ 178	200.00	0.00	200.00	12.00	600.00

Taxable Amt : 1,214.95 **SGST** : 93.27 **CGST** 93.27 **Cess** : 0.00 **Total** : **1,401.50**

Round Amount : **1,401.00**
Patient Due : **0.000**

Cash for Rs. 1402

RUPEES ONE THOUSAND FOUR HUNDRED TWO ONLY

Signature
Jyothisha M J

Verified by Pharmacist

Name : Dayana

Refrigerator items sold will not be taken back.
Returns if any should be made within 15 days with original bill and should be in good condition

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Credit Invoice

UHID	: RAJH.24652195	**Bill Date**	: 09/01/2025 01:35PM
Patient Name	: Ms. FATHIMATH SAARA IHUSAN	**Bill/Receipt No**	: RHCR220908/
Age/Sex	: 8 Year(s) 9 Month(s) / Female	**Ordered By**	: Dr. Preethy Harrison
Company	: Aasandha	**GST No**	: 32AABTR7170B1ZV
Patient Add.	: MALDIVES ,MALDIVES, MALDIVES, .,683586	**Mobile No**	: 6385636709

Sl.No	Services	Qty	Price (Rs.)	Amount(Rs.)
1	Creatinine (Serum)	1.00	174	174
2	Potassium	1.00	261	261
3	Vitamin D Total - 25 Hydroxy	1.00	1,378	1,378
4	CRP C Reactive Protein (Quantitative)	1.00	580	580
5	LFT -Mini Panel:	1.00	435	435
6	Blood Routine Examination(CBC with ESR).	1.00	334	334
7	Total IgE	1.00	885	885

Bill Amount : 4045.50
To be paid by company : 4045.50

Amount In Words : Rs. Four Thousand Forty-Five Only

Sum of Rs. 4045.50
4045.50 to be paid by Aasandha

Signature
Aparna Venu

Results 4-40 pm.

Print DateTime : 09/01/2025 13:35:31 **Print By :** Aparna Venu

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Invoice Cum Receipt

UHID	: RAJH.24652195	**Bill Date**	: 10/01/2025 03:17PM
Patient Name	: Ms. FATHIMATH SAARA IHUSAN	**Bill/Receipt No**	: RHCS5602106/
Age/Sex	: 8 Year(s) 9 Month(s) / Female	**Referred By**	: Self
Patient Type	: Cash		
		GST No	: 32AABTR7170B1ZV
Patient Add.	: MALDIVES ,MALDIVES, MALDIVES, .,683586	**Mobile No**	: 6385636709

Sl.No	Services	Qty	Price (Rs.)	Amount(Rs.)
1	Dr. Preethy Harrison(Dermatology) (Follow up Consult, Token-23)	1.00	0	0

Amount In Words : Rs. Only

Sum of Rs. 0.00 received with thanks from Ms. FATHIMATH SAARA IHUSAN

Signature
Aparna Venu

Print DateTime : 10/01/2025 15:17:51 **Print By :** Aparna Venu

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B2 OP Pharmacy (Tax Invoice)

UHID	: RAJH.24652195	**Date**	: 24-Sep-2024 12:03 pm
Patient Name	: Ms. FATHIMATH SAARA IHUSAN	**DL. No**	: KL-EKM-153697
Age/Sex	: 8 Year(s) 6 Month(s) / Female	**Bill/Rcpt**	: **PPO164390/119727**
Doctor	: Dr.Neena Joy Panikulam	**GST No**	: 32AABTR7170B1ZV
Address	: MALDIVES ,MALDIVES,MALDIVES,.,68586	**Phone No**	: 6385636709
		Token No	: 38

Sr No	Particulars MFR / HSN	Qty	Expiry / Batch	MRP	Disc %	Rate	GST %	Amount
1	IMOGRAF FORTE OINTMENT 0.1%(10GM) CANIX/30049099	2	Apr-26/ 4356	310.00	0.00	310.00	12.00	620.00

Taxable Amt : 553.57 **SGST** : 33.21 **CGST** 33.21 **Cess** : 0.00 **Total** : **620.00**

Round Amount : **620.00**

Patient Due : **0.000**

Cash for Rs. 620

RUPEES SIX HUNDRED TWENTY ONLY

Signature
Aswathy K S

Verified by Pharmacist

Name :

Refrigerator items sold will not be taken back.
Returns if any should be made within 15 days with original bill and should be in good condition

A41975

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Prescription

Patient Name	: Ms. FATHIMATH SAARA IHUSAN	**Prescription No**	: RHCS5326530
Age/Sex	: 8 Year(s) 6 Month(s) / Female	**Bill Date**	: 24/09/2024
UHId	: RAJH.24652195	**Referred By**	: Self
Doctor Name	: Dr. Neena Joy Panikulam	**Facility Name**	: Rajagiri Hospital

Allergies And Habits

No significant allergy history.

Investigation

Medication

1 . ONT	IMOGRAF FORTE OINTMENT 0.1%(10GM) (TACROLIMUS)	TOPICAL -	BD(Twice Daily)	For 14 day	over angles og mouth

Diagnosis

Atopic dermatitis

Signed by: Dr. Neena Joy Panikulam

reg no.: TCMC47848

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Invoice Cum Receipt

UHID	: RAJH.24652195	**Bill Date**	: 24/09/2024 11:02AM
Patient Name	: Ms. FATHIMATH SAARA IHUSAN	**Bill/Receipt No**	: RHCS5326530/RHRC439309 2
Age/Sex	: 8 Year(s) 6 Month(s) / Female	**Referred By**	: Self
Company	: Maldives Scheme	**GST No**	: 32AABTR7170B1ZV
Patient Address	: MALDIVES ,MALDIVES, MALDIVES, ., 683586	**Mobile No**	: 6385636709

Sl.No	Services	Qty	Price (Rs.)	Amount(Rs.)
1	Dr. Neena Joy Panikulam(Dermatology)(Initial Visit, Token-9)	1.00	345	345
2	Registration Charges	1.00	75	75

Bill Amount : 420.00
Paid by Patient : 420.00

Amount In Words : Rs. Four Hundred Twenty Only

Sum of Rs. 420.00 received with thanks from Ms. FATHIMATH SAARA IHUSAN

Payment Mode(s)

Cash for Rs. 420.00

Signature

Aleena Joshy

Print DateTime : 24/09/2024 11:02:28

Print By : Aleena Joshy

TREE TOP HOSPITAL
Excellence in Healthcare

Tree Top Hospital
A Division of Tree Top Health Pvt. Ltd.
Lot 10608, Dhumboiri Magu, Hulhumale', 23000, Maldives.
T +960 3351610 F +960 3351611 care@treetophospital.com
www.treetophospital.com

INVOICE

PATIENT	: MS FATHIMATH SAARA IHUSAN	PAGE	: 1 of 1
IDENTIFICATION NO	: A437937 ID/PP	LOCATION	: TTHPC0034
PRN	: 00006231	CASHIER	: ERIC.NAVARRO
PAYER	: MS FATHIMATH SAARA IHUSAN	INVOICE NO	: H-B24-0520477 / H-I24-1187899
ADDRESS	: MA. SNOW LIGHT	INVOICE DATE	: 14-Oct-2024 19:57
		REF BILL NO	:
		VISIT NO	: H-V24-0312033
	MALE' CITY	VISIT TYPE	: Outpatient
MEMBER ID	: A437937		
GL REFERENCE NO	:	ATTENDING DR.	: Muhammad Adnan Shakeel
		REG DATE & TIME	: 14-Oct-2024 19:24

Date	Description	Quantity	3rd Party	Gross Amount	Discount	Total Amount
	HOSPITAL MEDICAL CHARGES					
	Lab Services					
14-Oct-2024	Lithium Serum (METROPOLIS - L0077)	1	169.00	260.00	0.00	260.00
	SUBTOTAL	1		260.00	0.00	260.00
	TOTAL HOSPITAL MEDICAL CHARGES	1		260.00	0.00	260.00

TOTAL			260.00
TAX			0.00
PATIENT ROUNDING			0.00
TOTAL AMOUNT DUE	169.00	USD 16.86	260.00

PAYMENT COLLECTION

Amãna Takaful (Maldives) PLC - IC-003	(169.00)	
BML - Card	(91.00)	
AMOUNT DUE / (PAYABLE)		0.00

GSTIN No.: GSTIN : 32AACCD7912K1ZQ

State : Kerala

State Code: 32

DRUG LIC NO. :KL-EKM-104105/20,KL-EKM-104106/21,KL-EKM-104109/20F

AsterMedcity
We'll Treat You Well

CASH SALE (RETAIL INVOICE)

Bill No	CA25/255/88870	Bill Date	27/09/2024 11:57AM	Aster ID	300600516
Patient Name	MS FATHIMATH SAARA IHUSAN	Age/Gender	8 Year Female	Doctor	Dr. Anncilla Jose
Company Name	SELF PAY	Remarks			

Whether Tax is payable under Reverse Charge : No

SNo	Particulars	HSN	MNF	Batch	Expiry	Qty	MRP	Rate (₹)	Amt	Disc	CGST %	CGST	SGST %	SGST	Net Amt
1	HHFUDIC 10GM CREAM	30039034	HEG	H169	31/03/2026	3	315.00	281.25	843.75	0.00	6	50.62	6	50.62	945.00
2	TACROZ FORTE 10GM OINTMENT	30049091	GLE	11231716	28/02/2026	3	525.00	468.75	1406.25	0.00	6	84.38	6	84.38	1575.00

Mode	Amount
Cash	2520.00

Discount Amt	:	0.00	Gross Amount : 2250.00
GST Amount	:	270.00	Round off Amt : 0.00
			Patient Amount : 2520.00
			Net Amount : 2520.00

* Above mentioned prices are inclusive of CGST and SGST taxes if applicable.
Medicines returns (full strips only) will be done within 15 days of Purchase.
Vaccines & Refrigerated medicines cannot be returned.
Kindly bring original bill at the time of return. *

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Printed By : 195657 Printed On : 27/09/2024 11:57 AM 1 of 1

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Patient Prescription

Patient Name	: Fathimath Saara Ihusan	**Prescription No.**	: 2321642
Aster ID	: 300600516	**Prescription Date**	: 09/05/2023 12:40PM
Consultant Name	: Dr. Ranjit Baby Joseph	**Indent Type**	: Routine Orders
Patient Address	: maldives k male , Maldives, Maldives, Maldives	**Diagnosis:** .	

S#	Generic	Item Name	Prescription Detail
1	OLOPATADINE HYDROCHLORIDE	OLOPAT 5ML EYE DROPS	PRN - 1 Drop (Ophthalmic)
2	CETIRIZINE DIHYDROCHLORIDE	CETZINE 60ML SYRUP	5ml - Bed Time - for 10 Day(s) (Oral)
3	BUDESONIDE	BUDECORT 200MCG INHALER	1 Puff - 2 times a day - for 3 Month(s) (Respiratory (inhalation))
4		ZEROSTAT VT SPACER DVC	STAT - 1 Nos (Respiratory (inhalation))

State : Kerala

State Code: 32

DRUG LIC NO. :KL-EKM-104105/20,KL-EKM-104106/21,KL-EKM-104109/20F

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CASH SALE (RETAIL INVOICE)

Bill No	CA24/255/123204	Bill Date	05/12/2023 12:10PM	Aster ID	300600516
Patient Name	MS FATHIMATH SAARA IHUSAN	Age/Gender	7 Year Female	Doctor	Dr. Anncilla Jose
Company Name	SELF PAY	Remarks			

* Above mentioned prices are inclusive of CGST and SGST taxes if applicable.
Medicines returns (full strips only) will be done within 15 days of Purchase.
Vaccines & Refrigerated medicines cannot be returned.
Kindly bring original bill at the time of return. *

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DRUG LIC NO. :KL-EKM-104105/20,KL-EKM-104106/21,KL-EKM-104109/20F

CASH SALE (RETAIL INVOICE)

Bill No	CA24/255/122518	Bill Date	04/12/2023 11:45AM	Aster ID	300600516
Patient Name	MS FATHIMATH SAARA IHUSAN	Age/Gender	7 Year Female	Doctor	Dr. Ranjit Baby Joseph
Company Name	SELF PAY	Remarks			

Whether Tax is payable under Reverse Charge : No

SNo	Particulars	HSN	MNF	Batch	Expiry	Qty	MRP	Rate (₹)	Amt	Disc	CGST %	CGST	SGST %	SGST	Net Amt
1	FORACORT 6MCG/200MCG INHALER	30049094	CIP	SN31621	31/08/2026	2	447.54	399.59	799.18	0.00	6	47.95	6	47.95	895.08
2	ATONIDE 0.05% 20GM GEL	30042019	CUR	SAN2309	30/11/2024	1	135.00	120.54	120.54	0.00	6	7.23	6	7.23	135.00
3	ALLEGRA 30 MG/5 ML ORAL SUSPENSION	3041030	SAN	AL1223034	30/06/2025	1	207.65	185.40	185.40	0.00	6	11.12	6	11.12	207.65
4	FLUTIFLO FT 6GM NASAL SPRAY	30049099	LUP	LND0242A	31/08/2025	3	486.60	434.46	1303.39	0.00	6	78.20	6	78.20	1459.80

* Above mentioned prices are inclusive of CGST and SGST taxes if applicable.
Medicines returns (full strips only) will be done within 15 days of Purchase.
Vaccines & Refrigerated medicines cannot be returned.
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GSTIN No.: GSTIN : 32AACCD7912K1ZQ

State : Kerala

State Code: 32

DRUG LIC NO. :KL-EKM-104105/20,KL-EKM-104106/21,KL-EKM-104109/20F

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CREDIT SALE (RETAIL INVOICE)

Bill No	CR24/255/434	Bill Date	09/05/2023 1:46PM	Aster ID	300600516
Patient Name	MS FATHIMATH SAARA IHUSAN	Age/Gender	7 Year Female	Doctor	Dr. Ranjit Baby Joseph
Company Name	Aasandha Insurance Company Maldives-credit	Remarks	confirmed with staff		

Whether Tax is payable under Reverse Charge : No

SNo	Particulars	HSN	MNF	Batch	Expiry	Qty	MRP	Rate (₹)	Amt	Disc	CGST %	CGST	SGST %	SGST	Net Amt
1	BUDECORT 200MCG INHALER	30049094	CIP	SN22176	31/08/2025	1	439.04	417.62	417.62	0.00	2.5	10.44	2.5	10.44	439.04
2	CETZINE 60ML SYRUP	3041030	DR	CT30009	30/12/2024	1	39.60	35.36	35.36	0.00	6	2.12	6	2.12	39.60
3	ALLEGRA 27.5 MCG 120 MD NASAL SPRAY	3041030	SAN	2031034	31/12/2024	1	397.80	354.46	354.46	0.00	6	21.27	6	21.27	397.00
4	VENUSIA MAX 150GM MOISTURISING CREAM	3004999	DR	BZD3026	31/01/2025	3	554.50	469.92	1409.75	0.00	9	126.88	9	126.88	1663.50
5	MOMATE 20GM CREAM	30049099	GLE	11221715	31/08/2025	1	298.00	266.07	266.07	0.00	6	15.96	6	15.96	298.00

* Above mentioned prices are inclusive of CGST and SGST taxes if applicable.
Medicines returns (full strips only) will be done within 15 days of Purchase.
Vaccines & Refrigerated medicines cannot be returned.
Kindly bring original bill at the time of return. *

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GSTIN No.: GSTIN : 32AACCD7912K1ZQ

State : Kerala

State Code: 32

DRUG LIC NO. :KL-EKM-104105/20,KL-EKM-104106/21,KL-EKM-104109/20F

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CREDIT SALE (RETAIL INVOICE)

Bill No	CR24/255/434	Bill Date	09/05/2023 1:46PM	Aster ID	300600516
Patient Name	MS FATHIMATH SAARA IHUSAN	Age/Gender	7 Year Female	Doctor	Dr. Ranjit Baby Joseph
Company Name	Aasandha Insurance Company Maldives-credit	Remarks	confirmed with staff		

Whether Tax is payable under Reverse Charge : No

SNo	Particulars	HSN	MNF	Batch	Expiry	Qty	MRP	Rate (₹)	Amt	Disc	CGST %	CGST	SGST %	SGST	Net Amt
1	BUDECORT 200MCG INHALER	30049094	CIP	SN22176	31/08/2025	1	439.04	417.62	417.62	0.00	2.5	10.44	2.5	10.44	439.04
2	CETZINE 60ML SYRUP	3041030	DR	CT30009	30/12/2024	1	39.60	35.36	35.36	0.00	6	2.12	6	2.12	39.60
3	ALLEGRA 27.5 MCG 120 MD NASAL SPRAY	3041030	SAN	2031034	31/12/2024	1	397.00	354.46	354.46	0.00	6	21.27	6	21.27	397.00
4	VENUSIA MAX 150GM MOISTURISING CREAM	3004999	DR	BZD3026	31/01/2025	3	554.50	469.92	1409.75	0.00	9	126.88	9	126.88	1663.50
5	MOMATE 20GM CREAM	30049099	GLE	11221715	31/08/2025	1	298.00	266.07	266.07	0.00	6	15.96	6	15.96	298.00

* Above mentioned prices are inclusive of CGST and SGST taxes if applicable.
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State : Kerala

State Code: 32

DRUG LIC NO. :KL-EKM-104105/20,KL-EKM-104106/21,KL-EKM-104109/20F

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CREDIT SALE (RETAIL INVOICE)

Bill No	CR24/255/434	Bill Date	09/05/2023 1:46PM	Aster ID	300600516
Patient Name	MS FATHIMATH SAARA IHUSAN	Age/Gender	7 Year Female	Doctor	Dr. Ranjit Baby Joseph
Company Name	Aasandha Insurance Company Maldives-credit	Remarks	confirmed with staff		

6	MONTAIR 5MG TABLET	30049094	CIP	SN30102	31/12/2025	30	11.70	10.45	313.39	0.00	6	18.80	6	18.80	351.00
7	MONTEK LC KID 6.5MG TABLET	30049094	SUN	SID3228A	30/11/2024	90	12.80	11.43	1028.57	0.00	6	61.71	6	61.71	1152.00
8	OLOPAT 5ML EYE DROPS	3004590	AJA	GT17632	31/10/2025	1	190.00	169.64	169.64	0.00	6	10.18	6	10.18	190.00
9	ZEROSTAT VT SPACER DVC	3004590	CIP	16J23011	30/12/2027	1	480.24	428.79	428.79	0.00	6	25.73	6	25.73	480.24

Mode Amount

Discount Amt	:	0.00	Gross Amount	: 4424.19
GST Amount	:	586.19	Round off Amt	: -0.38
			Patient Amount	: 0.00
			Net Amount	: **5010.38**

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Patient Prescription

Patient Name	: Fathimath Saara Ihusan	**Prescription No.**	: 2321642
Aster ID	: 300600516	**Prescription Date**	: 09/05/2023 12:40PM
Consultant Name	: Dr. Ranjit Baby Joseph	**Indent Type**	: Routine Orders
Patient Address	: maldives k male , Maldives, Maldives, Maldives	**Diagnosis:** .	

S#	Generic	Item Name	Prescription Detail
1	OLOPATADINE HYDROCHLORIDE	OLOPAT 5ML EYE DROPS	PRN - 1 Drop (Ophthalmic)
2	CETIRIZINE DIHYDROCHLORIDE	CETZINE 60ML SYRUP	5 ml - Bed Time - for 10 Day(s) (Oral)
3	BUDESONIDE	BUDECORT 200MCG INHALER	1 Puff - 2 times a day - for 3 Month(s) (Respiratory (inhalation))
4		ZEROSTAT VT SPACER DVC	STAT - 1 Nos (Respiratory (inhalation))

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Patient Prescription

Patient Name	: Fathimath Saara Ihusan	**Prescription No.**	: 2321642
Aster ID	: 300600516	**Prescription Date**	: 09/05/2023 12:40PM
Consultant Name	: Dr. Ranjit Baby Joseph	**Indent Type**	: Routine Orders
Patient Address	: maldives k male , Maldives, Maldives, Maldives	**Diagnosis:** .	

S#	Generic	Item Name	Prescription Detail
5	FLUTICASONE FUROATE	ALLEGRA 27.5 MCG 120 MD NASAL SPRAY	1 Spray - Bed Time - for 3 Month(s) (Nasal), Instructions: one spray in each nostril
6	MONTELUKAST SODIUM	MONTAIR 5MG TABLET	1 Tablet(s) - once a Day - for 1 Month(s) (Oral), Instructions: Take at 6pm

Consultant
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Patient Prescription

Patient Name	: Fathimath Saara Ihusan	**Prescription No.**	: 2321704
Aster ID	: 300600516	**Prescription Date**	: 09/05/2023 1:07PM
Consultant Name	: Dr. Anncilla Jose	**Indent Type**	: Routine Orders
Patient Address	: maldives k male , Maldives, Maldives, Maldives	**Diagnosis:**	atopic dermatitis

S#	Generic	Item Name	Prescription Detail
1	MOMETASONE FUROATE	MOMATE 20GM CREAM	1 Locally Apply - 2 times a day - for 2 Week(s) (Topical), Instructions: twice daily x 2 weeks and then once daily x 2 weeks and on alternate days x 2 weeks
2	MONTELUKAST SODIUM + LEVOCETIRIZINE	MONTEK LC KID 6.5MG TABLET	1 Tablet(s) - 2 times a day - for 1 Month(s) (Oral), Instructions: 1-0-1 x 1 month and then 0-0-1 x 1 month

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Patient Prescription

Patient Name	: Fathimath Saara Ihusan	**Prescription No.**	: 2321704
Aster ID	: 300600516	**Prescription Date**	: 09/05/2023 1:07PM
Consultant Name	: Dr. Anncilla Jose	**Indent Type**	: Routine Orders
Patient Address	: maldives k male , Maldives, Maldives, Maldives	**Diagnosis:**	atopic dermatitis

S#	Generic	Item Name	Prescription Detail
3	ALOE VERA EXTRACT + VITAMIN E	VENUSIA MAX 150GM MOISTURISING CREAM	3 Locally Apply - 3 times a day - for 3 Month(s) (Topical), Instructions: 0

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DRUG LIC NO. :KL-EKM-104105/20,KL-EKM-104106/21,KL-EKM-104109/20F

CASH SALE (RETAIL INVOICE)

Bill No	CA24/255/122518	Bill Date	04/12/2023 11:45AM	Aster ID	300600516
Patient Name	MS FATHIMATH SAARA IHUSAN	Age/Gender	7 Year Female	Doctor	Dr. Ranjit Baby Joseph
Company Name	SELF PAY	Remarks			

Whether Tax is payable under Reverse Charge : No

SNo	Particulars	HSN	MNF	Batch	Expiry	Qty	MRP	Rate (₹)	Amt	Disc	CGST %	CGST	SGST %	SGST	Net Amt
1	FORACORT 6MCG/200MCG INHALER	30049094	CIP	SN31621	31/08/2026	2	447.54	399.59	799.18	0.00	6	47.95	6	47.95	895.08
2	ATONIDE 0.05% 20GM GEL	30042019	CUR	SAN2309	30/11/2024	1	135.00	120.54	120.54	0.00	6	7.23	6	7.23	135.00
3	ALLEGRA 30 MG/5 ML ORAL SUSPENSION	3041030	SAN	AL1223034	30/06/2025	1	207.65	185.40	185.40	0.00	6	11.12	6	11.12	207.65
4	FLUTIFLO FT 6GM NASAL SPRAY	30049099	LUP	LND0242A	31/08/2025	3	486.60	434.46	1303.39	0.00	6	78.20	6	78.20	1459.80

* Above mentioned prices are inclusive of CGST and SGST taxes if applicable.
Medicines returns (full strips only) will be done within 15 days of Purchase.
Vaccines & Refrigerated medicines cannot be returned.
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DRUG LIC NO. :KL-EKM-104105/20,KL-EKM-104106/21,KL-EKM-104109/20F

CASH SALE (RETAIL INVOICE)

Bill No	CA24/255/122518				Bill Date	04/12/2023 11:45AM			Aster ID	300600516				
Patient Name	MS FATHIMATH SAARA IHUSAN				Age/Gender	7 Year Female			Doctor	Dr. Ranjit Baby Joseph				
Company Name	SELF PAY				Remarks									

5	VENUSIA MAX 150GM MOISTURISING CREAM	3004999	DR	BZD3090	30/06/2025	8	610.00	516.95	2584.75	0.00	9 232.63	9	232.63	3050.00
6	OMNACORTIL FORTE 15MG/5ML 60ML SYRUP	30021099	MAC	GPL23045A	31/08/2026	1	57.79	51.60	51.60	0.00	6 3.10	6	3.10	57.79
7	ZEROSTAT VT SPACER DVC	3004590	CIP	16J23071	30/04/2028	1	480.24	428.79	428.79	0.00	6 25.73	6	25.73	480.24

Mode	Amount
Cash	6286.00

Discount Amt	:	0.00	Gross Amount : 5473.64
GST Amount	:	811.92	Round off Amt : 0.44
			Patient Amount : 6285.56
			Net Amount : 6285.56

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Vaccines & Refrigerated medicines cannot be returned.
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Patient Prescription

Patient Name	: Fathimath Saara Ihusan	**Prescription No.**	: 23166380
Aster ID	: 300600516	**Prescription Date**	: 04/12/2023 11:16AM
Consultant Name	: Dr. Ranjit Baby Joseph	**Indent Type**	: Routine Orders
Patient Address	: maldives k male , Maldives, Maldives, Maldives	**Diagnosis:** .	

S#	Generic	Item Name	Prescription Detail
1		ZEROSTAT VT SPACER DVC	STAT - 1 Nos (Respiratory (inhalation))
2	BUDESONIDE + FORMOTEROL FUMARATE	FORACORT 6MCG/200MCG INHALER	1 Puff - 2 times a day - for 5 Month(s) (Respiratory (inhalation))
3	FLUTICASONE FUROATE	FLUTIFLO FT 6GM NASAL SPRAY	1 Spray - Bed Time - for 5 Month(s) (Nasal), Instructions: One spray in each nostril

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Patient Prescription

Patient Name	: Fathimath Saara Ihusan	**Prescription No.**	: 23166380
Aster ID	: 300600516	**Prescription Date**	: 04/12/2023 11:16AM
Consultant Name	: Dr. Ranjit Baby Joseph	**Indent Type**	: Routine Orders
Patient Address	: maldives k male , Maldives, Maldives, Maldives	**Diagnosis:** .	

S#	Generic	Item Name	Prescription Detail
4	ALOE VERA EXTRACT + VITAMIN E	VENUSIA MAX 150GM MOISTURISING CREAM	1 Locally Apply - 2 times a day - for 5 Month(s) (Topical)
5	DESONIDE	ATONIDE 0.05% 20GM GEL	1 Locally Apply - 2 times a day - for 5 Day(s) (Topical), Instructions: over the eczema
6	FEXOFENADINE HYDROCHLORIDE	ALLEGRA 30 MG/5 ML ORAL SUSPENSION	5 ml - 2 times a day - for 5 Day(s) (Oral)

Consultant
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Patient Prescription

Patient Name	: Fathimath Saara Ihusan	**Prescription No.**	: 23166380
Aster ID	: 300600516	**Prescription Date**	: 04/12/2023 11:16AM
Consultant Name	: Dr. Ranjit Baby Joseph	**Indent Type**	: Routine Orders
Patient Address	: maldives k male , Maldives, Maldives, Maldives	**Diagnosis:** .	

S#	Generic	Item Name	Prescription Detail
7	PREDNISOLONE ACETATE	OMNACORTIL FORTE 15MG/5ML 60ML SYRUP	3 ml - 2 times a day - for 3 Day(s) (Oral)

Consultant
PAEDIATRICS
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SENAHIYA MILITARY HOSPITAL

MOONLIGHT HINGUN | 20024 | MALE' | MALDIVES | 3009899 | info@senahiya.mv

HF-19/ALP/GOV/522

OUT PATIENT PRESCRIPTION

ID Card:	A437937 (192539)	**AGE/SEX:**	8Y, 10M, 22D/Female
PATIENT NAME:	Fathimath Saara Ihusan	**DATE/TIME:**	2025-02-10 09:27:24
CONTACT NO:	7923330	**DOCTOR:**	Dr. Mohamed Falih Ali
ADDRESS:	Snow Light, Kaaf. MALE'		

PATIENT HISTORY AND PHYSICAL EXAMINATION

C/O: Referred by Derm Presented with complaints: KCO Atopic Eczema, planned for Dupilumab. Has SOB with wheezing.

O/E:

Advice:

DIAGNOSIS

ICD CODE	DIAGNOSIS	REMARKS
J45	Asthma	

INVESTIGATIONS

COVERED BY AASANDHA

01. XR015 - Chest (PA) (XR015)
02. IL0034 - Lung Function Test / Pulmonary Function Test (IL0034)

MAJ DR. MOHAMED FALIH ALI
(MBBS, MD (PULMONOLOGY))
CONSULTANT PULMONARY PHYSICIAN
SENAHIYA MILITARY HOSPITAL

Dr. Mohamed Falih Ali
(PMR0368)
Pulmonology

GSTIN No.: GSTIN : 32AACCD7912K1ZQ

State : Kerala

State Code: 32

DRUG LIC NO. :KL-EKM-104105/20,KL-EKM-104106/21,KL-EKM-104109/20F

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CASH SALE (RETAIL INVOICE)

Bill No	CA25/255/82954	Bill Date	16/09/2024 11:01AM	Aster ID	300600516
Patient Name	MS FATHIMATH SAARA IHUSAN	Age/Gender	8 Year Female	Doctor	Dr. Anncilla Jose
Company Name	SELF PAY	Remarks			

Whether Tax is payable under Reverse Charge : No

SNo	Particulars	HSN	MNF	Batch	Expiry	Qty	MRP	Rate (₹)	Amt	Disc	CGST %	CGST	SGST %	SGST	Net Amt
1	CETAPHIL RESTORADERM 295ML MOISTURING LOTION	30051090	GAL	B3AU16	31/05/2025	1	2140.00	1813.56	1813.56	0.00	9	163.22	9	163.22	2140.00
2	HHFUDIC 10GM CREAM	30039034	HEG	H169	31/03/2026	1	315.00	281.25	281.25	0.00	6	16.88	6	16.88	315.00
3	VENUSIA MAX 150GM MOISTURISING CREAM	3004999	DR	BZD4061	31/05/2026	1	671.00	568.64	568.64	0.00	9	51.18	9	51.18	671.00

Mode	Amount				
Cash	3126.00	Discount Amt	:	0.00	Gross Amount : 2663.45
		GST Amount	:	462.55	Round off Amt : 0.00

* Above mentioned prices are inclusive of CGST and SGST taxes if applicable.
Medicines returns (full strips only) will be done within 15 days of Purchase.
Vaccines & Refrigerated medicines cannot be returned.
Kindly bring original bill at the time of return. *

Issued By : AMRITHA KRISHNA P R

Signature

Printed By : 195657

Printed On : 16/09/2024 11:01 AM

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Patient Prescription

Patient Name	: Fathimath Saara Ihusan	**Prescription No.**	: 24112687
Aster ID	: 300600516	**Prescription Date**	: 16/09/2024 10:35AM
Consultant Name	: Dr. Anncilla Jose	**Indent Type**	: Routine Orders
Patient Address	: maldives k male , Maldives, Maldives, Maldives	**Diagnosis:**	

S#	Generic	Item Name	Prescription Detail
1	LEVOCETIRIZINE	LEVOCET 5MG TABLET	1/2 Tablet(s) - 2 times a day - for 14 Day(s) (Oral), Instructions: 0
2	ALOE VERA EXTRACT + VITAMIN E	VENUSIA MAX 150GM MOISTURISING CREAM	1 Locally Apply - 3 times a day - for 14 Week(s) (Topical), Instructions: whole body
3	MOMETASONE + FUSIDIC ACID	HHFUDIC 10GM CREAM	1 Locally Apply - Bed Time - for 2 Week(s) (Topical), Instructions: 0

GSTIN No.: GSTIN : 32AACCD7912K1ZQ

State : Kerala

State Code: 32

DRUG LIC NO. :KL-EKM-104105/20,KL-EKM-104106/21,KL-EKM-104109/20F

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CASH SALE (RETAIL INVOICE)

Bill No	CA25/255/82954	Bill Date	16/09/2024 11:01AM	Aster ID	300600516
Patient Name	MS FATHIMATH SAARA IHUSAN	Age/Gender	8 Year Female	Doctor	Dr. Anncilla Jose
Company Name	SELF PAY	Remarks			

Patient Amount : 3126.00

Net Amount : 3126.00

* Above mentioned prices are inclusive of CGST and SGST taxes if applicable.
Medicines returns (full strips only) will be done within 15 days of Purchase.
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Kindly bring original bill at the time of return. *

Issued By : AMRITHA KRISHNA P R

Signature

Printed By : 195657 Printed On : 16/09/2024 11:01 AM

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Patient Prescription

Patient Name	: Fathimath Saara Ihusan	**Prescription No.**	: 24112687
Aster ID	: 300600516	**Prescription Date**	: 16/09/2024 10:35AM
Consultant Name	: Dr. Anncilla Jose	**Indent Type**	: Routine Orders
Patient Address	: maldives k male , Maldives, Maldives, Maldives	**Diagnosis:**	

S#	Generic	Item Name	Prescription Detail
4	CETYL ALCOHOL + STEARYL ALCOHOL	CETAPHIL RESTORADERM 295ML MOISTURING LOTION	1 Locally Apply - 2 times a day - for 2 Week(s) (Topical), Instructions: whole body

Specialist
DERMATOLOGY
Reg. No.: 63852,ASTER DM HEALTHCARE LTD. (Kochi)

Printed By: 195657 Printed Date Time: 16/09/2024 10:55 AM

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State : Kerala

State Code: 32

DRUG LIC NO. :KL-EKM-104105/20,KL-EKM-104106/21,KL-EKM-104109/20F

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CREDIT SALE (RETAIL INVOICE)

Bill No	CR24/255/3146	Bill Date	05/12/2023 12:08PM	Aster ID	300600516
Patient Name	MS FATHIMATH SAARA IHUSAN	Age/Gender	7 Year Female	Doctor	Dr. Anncilla Jose
Company Name	Aasandha Insurance Company Maldives-credit	Remarks			

Whether Tax is payable under Reverse Charge : No

SNo	Particulars	HSN	MNF	Batch	Expiry	Qty	MRP	Rate (₹)	Amt	Disc	CGST %	CGST	SGST %	SGST	Net Amt
1	ATARAX 10MG TABLET	30049088	UCB	E2302337	31/07/2025	20	3.50	3.12	62.50	0.00	6	3.75	6	3.75	70.00
2	WYSOLONE 5 MG DT TABLET	30021099	PFI	HE4781	31/05/2025	15	0.76	0.68	10.18	0.00	6	0.61	6	0.61	11.40

Mode	Amount					
		Discount Amt	:	0.00	Gross Amount	: 72.68
		GST Amount	:	8.72	Round off Amt	: -0.40
					Patient Amount	: 0.00
					Net Amount	: **81.40**

* Above mentioned prices are inclusive of CGST and SGST taxes if applicable.
Medicines returns (full strips only) will be done within 15 days of Purchase.
Vaccines & Refrigerated medicines cannot be returned.
Kindly bring original bill at the time of return. *

Issued By : Kavya R Nair

Signature

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Elite Medical Centre
G. Dear House
K. Male'

Reference Code: PR/0052210/2024/0003

Patient: *Fathimath Saara Ihusan* **Age:** *8 years* **Issued Date:** *12th Aug 2024*

ID Card: *a437937* **Sex:** *Female* **Address:** *Snow Light, K. Male'*

PATIENT HISTORY AND PHYSICAL EXAM

diagnosed last on 12/08/2024 08:22:19 pm

C/O -

O/E

Advice -

DIAGNOSES

ICD Code	Diagnosis	Remark
L20.9	[Provisional] Atopic dermatitis, unspecified	

MEDICATION / TREATMENT

Medicine / Consumable	Strength / Size	Dosage Form	Instructions
Montelukast (Glenmont Ct)	5 mg	Tablet	1 tab HS x 1 month
Mupirocin + Betamethasone Dipropionate (Sucimicin B)	2% + 0.05%	Ointment	LA x BD x 10 days (itchy rashes) (3 tubes)
Prednisolone	10 mg	Tablet	1 tab TDS x 3 days then 1 tab OD x 7 days after breakfast
Levocetirizine (Levocetrizine)	2.5 mg per 5 ml	Oral Liquid	5 ml HS x 10 days

Dr . Khadiza Majumder
(MBBS) Medical Officer
TMR 5544 L PL 03926

Dr. Khadiza Majumder (TMR 5544)
Medical Officer

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B2 OP Pharmacy (Tax Invoice)

UHID	: RAJH.24652195	**Date**	: 10-Jan-2025 4:24 pm
Patient Name	: Ms. FATHIMATH SAARA IHUSAN	**DL. No**	: KL-EKM-153697
Age/Sex	: 8 Year(s) 9 Month(s) / Female	**Bill/Rcpt**	: **PPO177872/0**
Doctor	: Dr.Preethy Harrison	**GST No**	: 32AABTR7170B1ZV
Company	: Aasandha		
Address	: MALDIVES ,MALDIVES,MALDIVES,.,68586	**Phone No**	: 6385636709
		Token No	: 130

Sr No	Particulars MFR / HSN	Qty	Expiry / Batch	MRP	Disc %	Rate	GST %	Amount
1	VIT D3 60 K CAP AKUMS/30049099	4	Sep-26/ 11UA13	29.79	0.00	29.79	12.00	119.15

Taxable Amt : 106.38 **SGST** : 6.38 **CGST** 6.38 **Cess** : 0.00 **Total** : **119.15**

Round Amount : **119.00**
Patient Due : **0.000**

Sum of Rs. 119 To be Paid By: Aasandha (A/C Ms. FATHIMATH SAARA IHUSAN)
RUPEES ONE HUNDRED NINETEEN ONLY

Signature
Leenu Varghese

Verified by Pharmacist

Name : Dayana

Refrigerator items sold will not be taken back.
Returns if any should be made within 15 days with original bill and should be in good condition

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Prescription

Patient Name	: Ms. FATHIMATH SAARA IHUSAN	**Prescription No**	: RHCS5602106
Age/Sex	: 8 Year(s) 9 Month(s) / Female	**Bill Date**	: 10/01/2025
UHId	: RAJH.24652195	**Referred By**	: Self
Doctor Name	: Dr. Preethy Harrison	**Facility Name**	: Rajagiri Hospital

Allergies And Habits

No significant allergy history.

Investigation

Medication

1 . TAB	VIT D3 60 K TAB (VITAMIN D3)	ORAL -	OW(Once in a Week)	For 4 week

Advise

1. Review if issues persisting/ recurring/ as and when required.

Signed by: Dr. Preethy Harrison
reg no.: TCMC 55195

NC35G5783

This is a computer Generated Prescription. No Doctor Signature Required

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Deposit Receipt

UHId	: RAJH.24652195	**Receipt No**	: RHDP317650
Patient Name	: Ms. FATHIMATH SAARA IHUSAN	**Receipt Date**	: 10/01/2025 04:12 pm
Patient Address	: MALDIVES MALDIVES 683586 .	**Mobile No**	: 6385636709

Sl.No	Mode of Payment	Amount(Rs.)
1	Cash	500

Total Amount Rs. : 500

Amount In Words : Rs. Five Hundred Only

Received with thanks from Ms. FATHIMATH SAARA IHUSAN

on account of Ms. FATHIMATH SAARA IHUSAN

Payment Mode

Cash for Rs. 500

Cashier

Aparna Venu

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Patient Prescription

Patient Name	: Fathimath Saara Ihusan	**Prescription No.**	: 2321642
Aster ID	: 300600516	**Prescription Date**	: 09/05/2023 12:40PM
Consultant Name	: Dr. Ranjit Baby Joseph	**Indent Type**	: Routine Orders
Patient Address	: maldives k male , Maldives, Maldives, Maldives	**Diagnosis:** .	

S#	Generic	Item Name	Prescription Detail
5	FLUTICASONE FUROATE	ALLEGRA 27.5 MCG 120 MD NASAL SPRAY	1 Spray - Bed Time - for 3 Month(s) (Nasal), Instructions: one spray in each nostril
6	MONTELUKAST SODIUM	MONTAIR 5MG TABLET	1 Tablet(s) - once a Day - for 1 Month(s) (Oral), Instructions: Take at 6pm

Consultant
PAEDIATRICS
Reg. No.: 39988 TCMC,ASTER DM HEALTHCARE LTD. (Kochi)

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Patient Prescription

Patient Name	: Fathimath Saara Ihusan	**Prescription No.**	: 2321704
Aster ID	: 300600516	**Prescription Date**	: 09/05/2023 1:07PM
Consultant Name	: Dr. Anncilla Jose	**Indent Type**	: Routine Orders
Patient Address	: maldives k male , Maldives, Maldives, Maldives	**Diagnosis:** atopic dermatitis	

S#	Generic	Item Name	Prescription Detail
1	MOMETASONE FUROATE	MOMATE 20GM CREAM	1 Locally Apply - 2 times a day - for 2 Week(s) (Topical), Instructions: twice daily x 2 weeks and then once daily x 2 weeks and on alternate days x 2 weeks
2	MONTELUKAST SODIUM + LEVOCETIRIZINE	MONTEK LC KID 6.5MG TABLET	1 Tablet(s) - 2 times a day - for 1 Month(s) (Oral), Instructions: 1-0-1 x 1 month and then 0-0-1 x 1 month

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Patient Prescription

Patient Name	: Fathimath Saara Ihusan	**Prescription No.**	: 2321704
Aster ID	: 300600516	**Prescription Date**	: 09/05/2023 1:07PM
Consultant Name	: Dr. Anncilla Jose	**Indent Type**	: Routine Orders
Patient Address	: maldives k male , Maldives, Maldives, Maldives	**Diagnosis:**	atopic dermatitis

S#	Generic	Item Name	Prescription Detail
3	ALOE VERA EXTRACT + VITAMIN E	VENUSIA MAX 150GM MOISTURISING CREAM	3 Locally Apply - 3 times a day - for 3 Month(s) (Topical), Instructions: 0

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Patient Prescription

Patient Name	: Fathimath Saara Ihusan	**Prescription No.**	: 23167508
Aster ID	: 300600516	**Prescription Date**	: 05/12/2023 11:56AM
Consultant Name	: Dr. Anncilla Jose	**Indent Type**	: Routine Orders
Patient Address	: maldives k male , Maldives, Maldives, Maldives	**Diagnosis:**	

S#	Generic	Item Name	Prescription Detail
1	BABY CARE PRODUCTS	SPOO TEAR FREE 125ML SHAMPOO CURATIO	1 Locally Apply - once a Day - for 4 Week(s) (Topical), Instructions: 0
2	CETYL ALCOHOL + STEARYL ALCOHOL	CETAPHIL CLEANSING 250ML LOTION	1 Locally Apply - once a Day - for 4 Week(s) (Topical), Instructions: 0

Specialist
DERMATOLOGY
Reg. No.: 63852,ASTER DM HEALTHCARE LTD. (Kochi)

Printed By: 204375 Printed Date Time: 05/12/2023 12:01 PM

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State : Kerala

State Code: 32

DRUG LIC NO. :KL-EKM-104105/20,KL-EKM-104106/21,KL-EKM-104109/20F

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CASH SALE (RETAIL INVOICE)

Bill No	CA24/255/123204	Bill Date	05/12/2023 12:10PM	Aster ID	300600516
Patient Name	MS FATHIMATH SAARA IHUSAN	Age/Gender	7 Year Female	Doctor	Dr. Anncilla Jose
Company Name	SELF PAY	Remarks			

* Above mentioned prices are inclusive of CGST and SGST taxes if applicable.
Medicines returns (full strips only) will be done within 15 days of Purchase.
Vaccines & Refrigerated medicines cannot be returned.
Kindly bring original bill at the time of return. *

Issued By : Kavya R Nair

Aster Medcity Dispensed

Signature

Printed By : 204375

Printed On : 05/12/2023 12:09 PM

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State : Kerala

State Code: 32

DRUG LIC NO. :KL-EKM-104105/20,KL-EKM-104106/21,KL-EKM-104109/20F

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CASH SALE (RETAIL INVOICE)

Bill No	CA24/255/123204	Bill Date	05/12/2023 12:10PM	Aster ID	300600516
Patient Name	MS FATHIMATH SAARA IHUSAN	Age/Gender	7 Year Female	Doctor	Dr. Anncilla Jose
Company Name	SELF PAY	Remarks			

Whether Tax is payable under Reverse Charge : No

SNo	Particulars	HSN	MNF	Batch	Expiry	Qty	MRP	Rate (₹)	Amt	Disc	CGST %	CGST	SGST %	SGST	Net Amt
1	CETAPHIL CLEANSING 250ML LOTION	33079090	GAL	B3DK247	31/07/2026	1	615.00	521.19	521.19	0.00	9	46.91	9	46.91	615.00
2	HHFUDIC 10GM CREAM	30039034	HEG	H157	31/07/2025	1	315.00	281.25	281.25	0.00	6	16.88	6	16.88	315.00
3	SPOO TEAR FREE 125ML SHAMPOO CURATIO	33049990	CUR	SPZ315	31/05/2025	1	300.00	254.24	254.24	0.00	9	22.88	9	22.88	300.00

Mode	Amount
Cash	1230.00

Discount Amt	:	0.00	Gross Amount : 1056.67
GST Amount	:	173.33	Round off Amt : 0.00
			Patient Amount : 1230.00
			Net Amount : 1230.00

Aster Medcity Licensed

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Medicines returns (full strips only) will be done within 15 days of Purchase.
Vaccines & Refrigerated medicines cannot be returned.
Kindly bring original bill at the time of return. *

Issued By : Kavya R Nair

Signature

Printed By : 204375

Printed On : 05/12/2023 12:09 PM

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Kerala

Code: 32

DRUG LIC NO. :KL-EKM-104105/20,KL-EKM-104106/21,KL-EKM-104109/20F

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CREDIT SALE (RETAIL INVOICE)

Bill No	CR24/255/3146	Bill Date	05/12/2023 12:08PM	Aster ID	300600516
Patient Name	MS FATHIMATH SAARA IHUSAN	Age/Gender	7 Year Female	Doctor	Dr. Anncilla Jose
Company Name	Aasandha Insurance Company Maldives-credit	Remarks			

Whether Tax is payable under Reverse Charge : No

SNo	Particulars	HSN	MNF	Batch	Expiry	Qty	MRP	Rate (₹)	Amt	Disc	CGST %	CGST	SGST %	SGST	Net Amt
1	ATARAX 10MG TABLET	30049088	UCB	E2302337	31/07/2025	20	3.50	3.12	62.50	0.00	6	3.75	6	3.75	70.00
2	WYSOLONE 5 Mg DT TABLET	30021099	PFI	HE4781	31/05/2025	15	0.76	0.68	10.18	0.00	6	0.61	6	0.61	11.40

Mode Amount

Discount Amt	:	0.00	Gross Amount	: 72.68
GST Amount	:	8.72	Round off Amt	: -0.40
			Patient Amount	: 0.00
			Net Amount	**: 81.40**

* Above mentioned prices are inclusive of CGST and SGST taxes if applicable.
Medicines returns (full strips only) will be done within 15 days of Purchase.
Vaccines & Refrigerated medicines cannot be returned.
Kindly bring original bill at the time of return. *

Issued By : Kavya R Nair

Signature

Printed By : 204375

Printed On : 05/12/2023 12:07 PM

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GSTIN No.: GSTIN : 32AACCD7912K1ZQ

State : Kerala

State Code: 32

DRUG LIC NO. :KL-EKM-104105/20,KL-EKM-104106/21,KL-EKM-104109/20F

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CREDIT SALE (RETAIL INVOICE)

Bill No	CR24/255/434	Bill Date	09/05/2023 1:46PM	Aster ID	300600516
Patient Name	MS FATHIMATH SAARA IHUSAN	Age/Gender	7 Year Female	Doctor	Dr. Ranjit Baby Joseph
Company Name	Aasandha Insurance Company Maldives-credit	Remarks	confirmed with staff		

6	MONTAIR 5MG TABLET	30049094	CIP	SN30102	31/12/2025	30	11.70	10.45	313.39	0.00	6	18.80	6	18.80	351.00
7	MONTEK LC KID 6.5MG TABLET	30049094	SUN	SID3228A	30/11/2024	90	12.80	11.43	1028.57	0.00	6	61.71	6	61.71	1152.00
8	OLOPAT 5ML EYE DROPS	3004590	AJA	GT17632	31/10/2025	1	190.00	169.64	169.64	0.00	6	10.18	6	10.18	190.00
9	ZEROSTAT VT SPACER DVC	3004590	CIP	16J23011	30/12/2027	1	480.24	428.79	428.79	0.00	6	25.73	6	25.73	480.24

Mode Amount

Discount Amt :	0.00	Gross Amount :	4424.19
GST Amount :	586.19	Round off Amt :	-0.38
		Patient Amount :	0.00
		Net Amount :	**5010.38**

* Above mentioned prices are inclusive of CGST and SGST taxes if applicable.
Medicines returns (full strips only) will be done within 15 days of Purchase.
Vaccines & Refrigerated medicines cannot be returned.
Kindly bring original bill at the time of return. *

Issued By : MALAVIKA S NAIR

Signature

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LABORATORY INVESTIGATION REPORT

Patient Name	: Ms. FATHIMATH SAARA IHUSAN	**Age/Sex**	: 8 Year(s) 9 Month(s) / Female
UHID	: RAJH.24652195	**Order Date**	: 09/01/2025 13:35
Episode	: OP		
Ref. Doctor	: Dr. Preethy Harrison	**Facility**	: Rajagiri Hospital

Hematology

Test Name	Result	Unit	Ref. Range

Sample No : RHO1873631A Collection Date : 09/01/25 13:38 Ack Date : 09/01/2025 14:04 Report Date : 09/01/25 14:47

Blood Routine Examination(CBC with ESR).

ESR (Erythrocyte Sedimentation Rate)

Sample Type- EDTA Whole Blood

ESR *Method - Automated capillary photometry*	19.0	mm/hr	10.00 - 20.00

Complete Haemogram (CBC)

Sample Type- EDTA Whole Blood

Haemoglobin *Method - SLS method - Photometric method*	12.8	g/dl	11.5 - 15.5
Total WBC count *Method - Fluorescent Flowcytometry*	10.3	x10^3/ul	4.5 - 14.5
Differential Count			
Neutrophils *Method - Fluorescent Flowcytometry*	**33.7** ▼ (L)	%	38 - 68
Lymphocytes *Method - Fluorescent Flowcytometry*	41.5	%	25 - 54
Monocytes *Method - Fluorescent Flowcytometry*	**8.4** ▲ (H)	%	2 - 8
Eosinophils *Method - Fluorescent Flowcytometry*	**15.7** ▲ (H)	%	0 - 5
Basophils *Method - Fluorescent Flowcytometry*	0.7	%	0 - 1
Absolute Neutrophil Count *Method - Fluorescent Flowcytometry (calculated)*	3.5	x10^3/ul	1.5 - 8
Absolute lymphocyte count *Method - Fluorescent Flowcytometry (calculated)*	4.3	x10^3/ul	1.5 - 7
Absolute monocyte count *Method - Fluorescent Flowcytometry (calculated)*	0.9	x10^3/ul	0.2 - 1
Absolute eosinophil count *Method - Fluorescent Flowcytometry (calculated)*	**1.6** ▲ (H)	x10^3/ul	0.1 - 1
Absolute basophil count *Method - Fluorescent Flowcytometry (calculated)*	0.1	x10^3/ul	0 - 0.1
RBC Count *Method - DC Detection method*	4.6	x10^6/ul	4 - 5.2
PCV/Hematocrit *Method - RBC pulse height detection method*	38.3	%	35 - 45
MCV *Method - Calculated*	84.0	fl	77 - 95

The tests marked with * are not accredited by NABL
The tests marked with # are amended

MC-3159

LABORATORY INVESTIGATION REPORT

Patient Name	: Ms. FATHIMATH SAARA IHUSAN	**Age/Sex**	: 8 Year(s) 9 Month(s) / Female
UHID	: RAJH.24652195	**Order Date**	: 09/01/2025 13:35
Episode	: OP		
Ref. Doctor	: Dr. Preethy Harrison	**Facility**	: Rajagiri Hospital

MCH *Method - Calculated*	28.1	pg	25 - 33
MCHC *Method - Calculated*	33.4	g/dl	31 - 37
Platelet *Method - DC Detection method*	241.0	x10^3/ul	170 - 450
RDW *Method - Calculated*	12.4	%	11.6 - 14
MPV *Method - Calculated*	**12.1 ▲ (H)**	fl	7.5 - 11.5
Comment :	* Differentialcount manually cross checked.		

End of Report

Dr.Chryselle Olive D'souza
MD-Pathology
Consultant

RegNo: KMC105051

Test Marked with '#' are amended
H - High, L - Low, CL - Critically Low, CH - Critically High
"Report is subject to conditions of reporting. Please refer https://cor.rajagirihospital.com/" for the conditions of reporting.

The tests marked with * are not accredited by NABL
The tests marked with # are amended

LABORATORY INVESTIGATION REPORT

Patient Name	: Ms. FATHIMATH SAARA IHUSAN	**Age/Sex**	: 8 Year(s) 9 Month(s) / Female
UHID	: RAJH.24652195	**Order Date**	: 09/01/2025 13:35
Episode	: OP		
Ref. Doctor	: Dr. Preethy Harrison	**Facility**	: Rajagiri Hospital

Biochemistry

Test Name	Result	Unit	Ref. Range
Sample No : RHO1873631B Collection Date : 09/01/25 13:38 Ack Date : 09/01/2025 14:17 Report Date : 09/01/25 14:49			
Potassium			
Sample Type- Heparinized Plasma			
Potassium *Method - ISE Indirect*	4.7	mEq/L	3.50 - 5.10
Sample No : RHO1873631C Collection Date : 09/01/25 13:38 Ack Date : 09/01/2025 14:17 Report Date : 09/01/25 15:09			
LFT -Mini Panel:			
Bilirubin Total			
Sample Type- Serum			
Total Bilirubin *Method - Vanadate*	0.3	mg/dl	0.10 - 0.90
Sample Type- Serum			
SGOT *Method - Modified IFCC*	25.0	U/L	0.00 - 34.00
SGOT/ AST (Serum)			
Sample Type- Serum			
SGPT *Method - Modified IFCC*	12.0	U/L	10.00 - 49.00
SGPT/ ALT (Serum)			
Creatinine (Serum)			
Sample Type- Serum			
Creatinine *Method - Alkaline picrate-Kinetic*	**0.5** ▼ (L)	mg/dl	0.52 - 0.69
CRP C Reactive Protein (Quantitative)			
Sample Type- Serum			
CRP *Method - Immunoturbidometry*	2.7	mg/L	0.00 - 5.00

End of Report

Dr.Sunitha Mary John
MD
Consultant Biochemistry

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LABORATORY INVESTIGATION REPORT

Patient Name	: Ms. FATHIMATH SAARA IHUSAN	**Age/Sex**	: 8 Year(s) 9 Month(s) / Female
UHID	: RAJH.24652195	**Order Date**	: 09/01/2025 13:35
Episode	: OP		
Ref. Doctor	: Dr. Preethy Harrison	**Facility**	: Rajagiri Hospital

RegNo: TCMC36843

Test Marked with '#' are amended
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LABORATORY INVESTIGATION REPORT

Patient Name	: Ms. FATHIMATH SAARA IHUSAN	**Age/Sex**	: 8 Year(s) 9 Month(s) / Female
UHID	: RAJH.24652195	**Order Date**	: 09/01/2025 13:35
Episode	: OP		
Ref. Doctor	: Dr. Preethy Harrison	**Facility**	: Rajagiri Hospital

Immunoassay

Test Name	Result	Unit	Ref. Range

Sample No : RHO1873631C Collection Date : 09/01/25 13:38 Ack Date : 09/01/2025 14:17 Report Date : 09/01/25 15:09

Vitamin D Total - 25 Hydroxy

Sample Type- Serum

25 OH Vitamin D *Method - CLIA*	9.4	ng/ml	

Deficiency- <12 ng/mL
Inadequate- 12- <20

Adequate- >20 ng/mL
Potential Toxicity- >50

ng/mL

ng/mL

End of Report

Dr.Sunitha Mary John
MD
Consultant Biochemistry
RegNo: TCMC36843

Test Marked with '#' are amended
H - High, L - Low, CL - Critically Low, CH - Critically High
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TREE TOP HOSPITAL
Excellence in Healthcare

Tree Top Hospital
A Division of Tree Top Health Pvt. Ltd.
Lot 10608, Dhumburi Magu, Hulhumale', 23000, Maldives.
T +960 3351610 F +960 3351611 care@treetophospital.com
www.treetophospital.com

Prescription Form : Outpatient | Rx No : H-RX25-087022

Patient's Name	: **MS. FATHIMATH SAARA IHUSAN**		
PRN / ID No	: **00006231 / A437937**	Location	: Clinic C
DOB / Age	: **19-Mar-2016 / 9Y 3M**	Gender / Weight	: FEMALE / 32 KG
Address	: MA. SNOW LIGHT MALE' CITY		
Ordered by Doctor	: **DR. Anu Agrawal Rateria**	Visit ID	: H-V25-0186373
Order Date	: **19-Jun-2025**	MMC Reg No	: TMR4514
External RX No	:	Specialty	: Dermatology

Allergies : -

Diagnosis : Atopic dermatitis, unspecified

Rx	Drug Name	Instructions	Duration	Ordered Qty	Dispensed Qty
01	Mometasone Furoate 0.1%, Fusidic Acid 2% w/w Cream-10g (MOMATE-F)	twice a day 3d then at 3d mouth LA		1 TUBE	0 TUBE
02	Montelukast Sodium 4 mg Chewable Tablet (GLEMONT CT)	1 tab hs 30d		30 TAB	0 TAB
03	Levocetirizine 5mg Tablet (FITIN)	1 tab hs 30d		30 TAB	0 TAB
04	Betamethasone, Mupirocin Ointment 15gm (SUPIROCIN B)	twice a day 7d then at night 7d LA 6 tubr knee, foot		6 TUBE	0 TUBE

Dr. Anu Agrawal Rateria, MD
Consultant Dermatologist
MCR No. TMR 4514
TREE TOP HOSPITAL
(A Division of Tree Top Health Pvt. Ltd.)

- Tree Top Hospital cannot guarantee the efficacy, and therefore the effectiveness, of medications purchased from anywhere but Tree Top Hospital Pharmacy, please consider this when deciding where to buy your prescribed medication.
- TTH Pharmacy shall not accept Prescription or Non Prescription medication return or exchange after they are dispensed to guest. Exception applies for Medications Recall, Medication Prescribed or Dispensed in Error.

Picked by:	Checked by:	Dispensed by:

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T +960 3351610 F +960 3351611 care@treetophospital.com
www.treetophospital.com

Prescription Form	: Outpatient	Rx No	: H-RX25-087023
Patient's Name	: **MS. FATHIMATH SAARA IHUSAN**		
PRN / ID No	: **00006231 / A437937**	Location	: Clinic C
DOB / Age	: **19-Mar-2016 / 9Y 3M**	Gender / Weight	: FEMALE / 32 KG
Address	: MA. SNOW LIGHT MALE' CITY		
Ordered by Doctor	: **DR. Anu Agrawal Rateria**	Visit ID	: H-V25-0186373
Order Date	: **19-Jun-2025**	MMC Reg No	: TMR4514
External RX No	:	Specialty	: Dermatology

Allergies : -

Diagnosis : Atopic dermatitis, unspecified

Rx	Drug Name	Instructions	Duration	Ordered Qty	Dispensed Qty
01	INJ DUPILUMAB 200MG	400mg sc inj once, then 200mg sc inj every 14days ,for 6 months		14	0

Dr. Anu Agrawal Rateria, MD
Consultant Dermatologist
MCR No. TMR 4514
TREE TOP HOSPITAL
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CLINICAL NOTES REPORT

Patient	: MS. FATHIMATH SAARA IHUSAN		
PRN	: 00006231	Sex / Age	: FEMALE / 9Y 3M
Account No	: H-V25-0186373	Reg. Date	: 19-Jun-2025 13:24
Attending Doctor	: DR. Anu Agrawal Rateria		
Doctor Notes	: No	Nurse Notes	: No
Date From	: -	Date To	: -
Doctor	: -		

No.	Date / Time	Title	Created By	Status
1.	19-Jun-2025 14:45	Clinical Note	DR. Anu Agrawal Rateria	✓

To Whom It May Concern

The above stated patient is a case of atopic dermatitis with frequent flare ups. She was previously treated with oral cyclosporine and topical and oral antihistamine.
As her symptoms are not adequately controlled , she is recommended to start on inj Dupilumab as prescribed.
As the disease is chronic she regularly in need to take care of her skin with proper hydration and moisturizing emollients.

Kindly do the needful
Thank you and Regards

Dr. Anu Agrawal Rateria, MD
Consultant Dermatologist
MCR No. TMR 4514
TREE TOP HOSPITAL
(A Division of Tree Top Health Pvt. Ltd.)

Aster Medcity, Cheranelloor, Kochi 682027, Kerala, India
T +91 484 6699999 E astermedcity@asterhospital.com W astermedcity.com

SKIN PRICK ALLERGY TEST REPORT

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Patient details:

Name	Age	Gender	Aster ID
Miss Fathimath Saara Ihusan	7 Yrs	Female	300600516

Clinical diagnosis:

Eczema

Intermittent asthma

Test details:

Test date	Time done	Time read
09/05/2023	11:01 am	11:12 am

No	Allergen	Category	Reaction size	Remarks
1	Physiological saline	Negative control	0	
2	Rice	Food	-	
3	Wheat	Food	0	
4	Salmon	Food	0	
5	Crab	Food	1	
6	Moong dal	Food	0	
7	Banana	Food	-	
8	Tomato	Food	-	
9	Milk	Food	0	
10	Pea	Food	-	
11	Lemon	Food	0	
12	Orange	Food	-	
13	Cheese	Food	-	
14	Pine apple	Food	0	
15	Pea nut	Food	0	
16	Apple	Food	-	
17	Mutton	Food	3	
18	Chicken	Food	5	E
19	Beet	Food	-	
20	Lobster	Food	-	
21	Prawn	Food	6	P
22	Cashew nut	Food	0	
23	Grape	Food	-	
24	Egg yolk	Food	1	
25	Corn	Food	-	
26	Walnut	Food	-	

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SKIN PRICK ALLERGY TEST REPORT

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27	Sardine	Food	-	
28	Egg white	Food	0	
29	Chocolate	Food	0	
30	Aginomoto	Food	-	
31	Dates	Food	1	
32	Hazel nut	Food	-	
33	Almond	Food	-	
34	Lemon grass	Food	-	
35	Beef	Food	0	
36	Pomegranate	Food	-	
37	Cyanodon dactylon	Pollen	0	
38	Parthenium hysterophorus	Pollen	1	
39	Amaranthus spinosus	Pollen	-	
40	Chenopodium album	Pollen	-	
41	Cocos nucifera	Pollen	0	
42	Eucalyptus	Pollen	-	
43	Ricinus communis	Pollen	0	
44	Prosopis juliflora	Pollen	0	
45	Aspergillus fumigatus	Mold	0	
46	Aspergillus niger	Mold	-	
47	Aspergillus flavus	Mold	-	
48	Rhizopus nigricans	Mold	0	
49	Alternaria alternate	Mold	1	
50	Candida albicans	Mold	1	
51	Dog epithelia	Animal epithelia	3	
52	Cat dander	Animal epithelia	0	
53	Pigeons feather	Animal epithelia	-	
54	Pigeon dropping	Animal epithelia	1	
55	Wheat dust	Dust	-	
56	Cotton dust	Dust	3	
57	House dust	Dust	1	
58	Paper dust	Dust	-	
59	Spider web dust	Dust	0	
60	HDM (D. farinae)	Mite	7	
61	HDM (D. pteronyssinus)	Mite	11	P, E
62	HDM (Blomia)	Mite	5	
63	Ant (black)	Insect	-	
64	Ant (red)	Insect	-	
65	Cockroach	Insect	3	
66	Mosquito	Insect	-	
67	House fly	Insect	-	
68	Histamine	Positive control	6	

Interpretation of test result:

Sensitization noted to House dust mites (blomia) (D. pteronyssinus) (D. farina), Prawn and Chicken.

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SKIN PRICK ALLERGY TEST REPORT

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Mild reaction noted to Dog epithelia (Animal epithelia), Cotton dust (Dust), Cockroach (Insect) and Mutton with good positive and negative controls.

Reporting date: 09/05/2023

Dr. RANJIT BABY JOSEPH
MD, Dip in Allergy & Asthma
Consultant
Aster Medcity, Kochi
(Unit of Aster DM Healthcare Ltd.)
Reg. No : 39988 TCMC

Reported by:

Dr Ranjit Baby Joseph

MD.Dip.in Allergy & Asthma

Consultant Pediatrics & Allergy

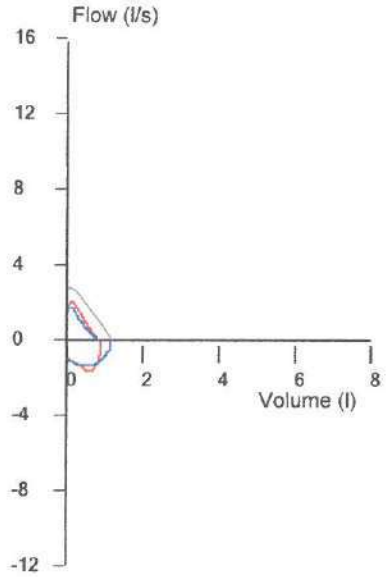
Aster Child & Adolescent health

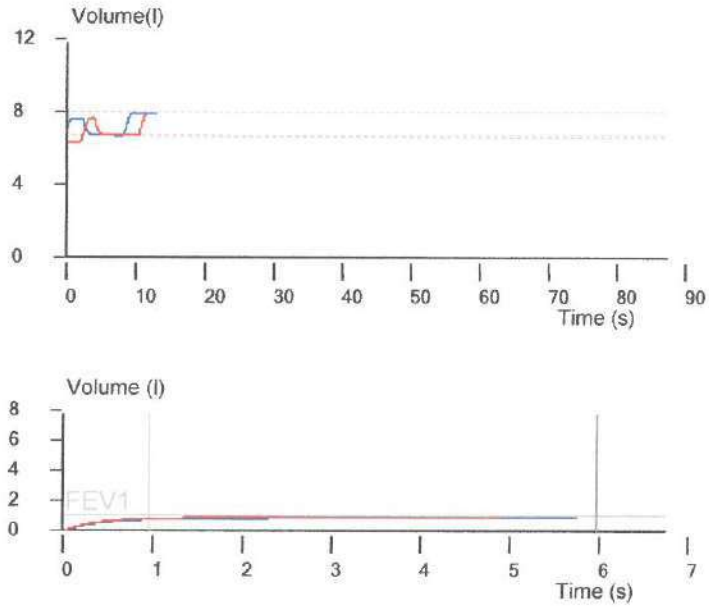
ASTER MEDCITY
PULMONARY MEDICINE

Kuttisahib Road Cheranelloor, South Chittoor, Kochi, Kerala 68202

Name: **Fathimath Saara Ihusan .**
Height: 116 cm Age: 7 years Date Of Birth: 19-03-2016
Weight: 17 kg Gender: Female BMI: 12.6 kg/m²

ID: **300600516**
Medication: Post: Salbutamol





Parame...	Unit	LLN	Ref	Pre	%Ref	Post (...	%Ref	%Pre
VC	l	1.20	1.40	1.26	91	1.34	96	6
IC	l		0.92	1.26	137	1.25	135	-1
TV	l	0.19	0.28	0.61	218	1.10	392	80
ERV	l	0.34	0.45	0.00	0	0.09	20	

Parame...	Unit	LLN	Ref	Pre	%Ref	Post (...	%Ref	%Pre
FVCex	l	1.10	1.30	0.93	72	0.94	72	1
FEV1	l	0.95	1.13	0.81	71	0.87	77	7
FEV1/FVC	%		86	87	101	93	108	7
PEF	l/s	2.23	2.91	1.77	61	2.03	70	15
MEF25	l/s	0.70	0.97	0.45	46	0.63	66	40
MEF50	l/s	1.47	1.90	1.01	53	1.38	73	37
MEF75	l/s	2.08	2.70	1.74	64	2.03	75	17
MEF25-...	l/s	1.22	1.60	0.97	61	1.29	81	33
tex	s			5.8		4.8		-17

Comment:

Date: 08-05-2023
Time: 12:49
Ambient temperature : 29 °C
Ambient pressure: 1005 hPa
Ambient humidity : 56 %
Technician:

Token No :- AJ-MW-2

300600516

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GSTIN : 32AACCD7912K1ZQ

Credit Bill OP

Bill No	: **OPCR25/25819**	Bill Date	: 16/09/2024 10:45	Presc. Doctor	: Dr. Anncilla Jose (DERMATOLOGY)
Aster ID	: **300600516**	Gender/Age	: Female/8 Yr 6 Mnth 3 Days	Refered By	: Self
Patient Name	: Ms Fathimath Saara Ihusan	Contact No	: 009607923330	Patient Address	: maldives k male , Maldives, Maldives, Maldives
Payer	: Aasandha Insurance Company				
GSTIN	:	State Code		Payer Address	:

SN	SrCode	SAC	Service Particulars	Rate (₹)	Unit	Total	Concession	Net Amt	Pat Amt	Payer Amt
1			URINE EXAMINATION ROUTINE	170.00	1	170.00	0.00	170.00	0.00	170.00
2			RENAL FUNCTION TEST (RFT)	260.00	1	260.00	0.00	260.00	0.00	260.00
3			TSH (THYROID STIMULATING HORMONE)	330.00	1	330.00	0.00	330.00	0.00	330.00
4			ELECTROLYTES WITH BICARBONATE	360.00	1	360.00	0.00	360.00	0.00	360.00
5			HEMOGRAM (CBC & ESR)	410.00	1	410.00	0.00	410.00	0.00	410.00
6			LIPID PROFILE BASIC	670.00	1	670.00	0.00	670.00	0.00	670.00
7			IMMUNOGLOBULIN IGE SERUM	800.00	1	800.00	0.00	800.00	0.00	800.00
8			LIVER FUNCTION TEST LFT	800.00	1	800.00	0.00	800.00	0.00	800.00

Total Amount	3800.00
Net Amount	3800.00
Payer Amount	3800.00
Patient Amount	0.00
Amt Received	0.00
Balance Amount	3800.00

(Muhammed Yunus T)
(Signature)

Printed By: 187176 Prepared By: 187176 Printed at: 16/09/2024 10:44 (1/1)

Please be informed that the reports can be viewed / downloaded from the link sent to your registered mobile number or mail ID

Token No :- RB-MW-1

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GSTIN : 32AACCD7912K1ZQ

Credit Bill OP

Bill No	: **OPCR25/25987**	Bill Date	: 17/09/2024 09:29	Presc. Doctor	: Dr. Ranjit Baby Joseph (PAEDIATR
Aster ID	: **300600516**	Gender/Age	: Female/8 Yr 6 Mnth 4 Days	Refered By	: Self
Patient Name	: Ms Fathimath Saara Ihusan	Contact No	: 009607923330	Patient Address	: maldives k male , Maldives, Maldives, Maldives
Payer	: Aasandha Insurance Company				
GSTIN	:	State Code		Payer Address	:

SN	SrCode	SAC	Service Particulars	Rate (₹)	Unit	Total	Concession	Net Amt	Pat Amt	Payer Amt
1			CONSULTATION - FOLLOW UP - SPECIALTY	0.00	1	0.00	0.00	0.00	0.00	0.00

Total Amount	0.00
Net Amount	0.00
Payer Amount	0.00
Patient Amount	0.00
Amt Received	0.00

(VIDYA VINOD MENON)
(Signature)

Printed By: 215368 Prepared By: 215368 Printed at: 17/09/2024 09:29 (1/1)

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MC-6709

TEST REPORT

Lab. Id	: MC14631120	**Hosp. UHID**	: 300600516	**Reg. Date**	: 26-Sep-2024 / 14:20 PM
Name	: MS. FATHIMATH SAARA IHUSAN			**Collection**	: 26-Sep-2024 / 14:29 PM
Age/Gender	: 8Y-6M-7D / Female			**Received**	: 26-Sep-2024 / 14:29 PM
Collected At	: ASTER MEDCITY			**Report**	: 26-Sep-2024 / 14:58 PM
Referral Dr	: Dr.Anncilla Jose	**Report Status**	: Final	**Print**	: 28-Sep-2024 / 11:52 AM
Bed	: OPD				

Biochemistry

Investigation	Observed Value	Unit	Biological Ref. Interval	Specimen
ELECTROLYTES				
SODIUM Method:Indirect ISE	141	mmol/l	135-148	Heparinized Plasma
POTASSIUM Method:Indirect ISE	4.4	mmol/l	3.5-5.3	Heparinized Plasma
CHLORIDE Method:Indirect ISE	106.0	mmol/l	98-107	Heparinized Plasma
BICARBONATE Method:Enzymatic Colorimetric	29	mmol/L	22-29	Heparinized Plasma

Verified By: Auto Verified
Verified Date : 26-Sep-2024 /14:58

Dr. Reshma Raghu
MBBS, MD (Biochemistry)
Consultant Biochemistry

--- End Of Report ---

Important Instructions:

- Test results released pertain to specimen submitted.
- All results are dependent upon the quality of specimen received in the laboratory.
- Lab investigation is only a tool to facilitate in concluding a diagnosis , and should be clinically correlated by the referring physician.
- Certain tests may require further testing, at an additional cost for derivation of excact value. kindly submit request with in 2 days, post reporting.
- Sample repeats are accepted on request of Referring Physician with in sample stability period.
- Test results may show inter-laboratory variation.
- Results are for informational purposes , and not intended to replace the care of medical practitionar, and does not recommend self-diagnosis and/or self-medication.
- Aster clinical Lab LLP does not make any warranties expressed or implied with respect to information herein.
- .Test results are not valid for medico legal purposes.
- The courts/forum at Cochin/Bangolore shall have exclusive Jurisdiction in all disputes/claims concerning the request and/or result of test(s).
- Contact customer care 9680396803 for all queries related to test results

Patient/Client is advised to contact the laboratory immediately, for any possible remedial action, If test result is alarming or unexpected

Aster LABS
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MC-6709

TEST REPORT

Lab. Id	: **MC14631120**	**Hosp. UHID**	: **300600516**	**Reg. Date**	: 26-Sep-2024 / 14:20 PM
Name	: MS. FATHIMATH SAARA IHUSAN			**Collection**	: 26-Sep-2024 / 14:29 PM
Age/Gender	: 8Y-6M-7D / Female			**Received**	: 26-Sep-2024 / 14:29 PM
Collected At	: ASTER MEDCITY			**Report**	: 26-Sep-2024 / 15:22 PM
Referral Dr	: Dr.Anncilla Jose	**Report Status :** Final		**Print**	: 28-Sep-2024 / 11:52 AM
Bed	: OPD				

Biochemistry

Investigation	Observed Value	Units	Biological Reference Range	Specimen
UREA Method:Kinetic with urease and GLDH	32	mg/dl	10.0-40.0	Heparinized Plasma
CREATININE Method:Alkaline Picrate, Kinetic	**0.50**	mg/dl	0.6-1.1	Heparinized Plasma

Comments:
Kidneys play several vital roles like filtration/removal of toxic wastes and metabolites from the blood, RBC production, Vitamin D metabolism and regulation of blood pressure. It is recommended in following conditions:
1. To evaluate kidney functioning in normal individuals as screening test
2. To aid in diagnosis of kidney related disorders (Acute and chronic renal failure, pyelonephritis, End Stage Renal Disease)
3. To screen those who may be at risk of developing kidney disorders (Diabetes, Hypertension, Cardiovascular diseases)
4. To monitor someone on treatment for kidney related disorders
5. To monitor effects of nephrotoxic drugs (given for other conditions) on kidneys (Vancomycin, methotrexate, some antivirals etc)

Results of the panel are usually considered together, rather than separately. Individual test result can be abnormal due to causes other than kidney disease, but taken together with risks and signs and symptoms, they may give an indication of whether kidney disease is present.

Verified By: Auto Verified
Verified Date : 26-Sep-2024 /15:20

Dr. Reshma Raghu
MBBS, MD (Biochemistry)
Consultant Biochemistry

--- End Of Report ---

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- Aster clinical Lab LLP does not make any warranties expressed or implied with respect to information herein.
- .Test results are not valid for medico legal purposes.
- The courts/forum at Cochin/Bangolore shall have exclusive Jurisdiction in all disputes/claims concerning the request and/or result of test(s).
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MC-6709

TEST REPORT

Lab. Id	: MC14631120	**Hosp. UHID**	: 300600516	**Reg. Date**	: 26-Sep-2024 / 14:20 PM
Name	: MS. FATHIMATH SAARA IHUSAN			**Collection**	: 26-Sep-2024 / 14:29 PM
Age/Gender	: 8Y-6M-7D / Female			**Received**	: 26-Sep-2024 / 14:29 PM
Collected At	: ASTER MEDCITY			**Report**	: 26-Sep-2024 / 14:58 PM
Referral Dr	: Dr.Anncilla Jose	**Report Status**	: Final	**Print**	: 28-Sep-2024 / 11:52 AM
Bed	: OPD				

Biochemistry

Investigation	Observed Value	Unit	Biological Ref. Interval	Specimen
ELECTROLYTES				
SODIUM Method:Indirect ISE	141	mmol/l	135-148	Heparinized Plasma
POTASSIUM Method:Indirect ISE	4.4	mmol/l	3.5-5.3	Heparinized Plasma
CHLORIDE Method:Indirect ISE	106.0	mmol/l	98-107	Heparinized Plasma
BICARBONATE Method:Enzymatic Colorimetric	29	mmol/L	22-29	Heparinized Plasma

Verified By: Auto Verified
Verified Date : 26-Sep-2024 /14:58

Dr. Reshma Raghu
MBBS, MD (Biochemistry)
Consultant Biochemistry

--- End Of Report ---

Important Instructions:

- Test results released pertain to specimen submitted.
- All results are dependent upon the quality of specimen received in the laboratory.
- Lab investigation is only a tool to facilitate in concluding a diagnosis , and should be clinically correlated by the referring physician.
- Certain tests may require further testing, at an additional cost for derivation of excact value. kindly submit request with in 2 days, post reporting.
- Sample repeats are accepted on request of Referring Physician with in sample stability period.
- Test results may show inter-laboratory variation.
- Results are for informational purposes , and not intended to replace the care of medical practitionar, and does not recommend self-diagnosis and/or self-medication.
- Aster clinical Lab LLP does not make any warranties expressed or implied with respect to information herein.
- .Test results are not valid for medico legal purposes.
- The courts/forum at Cochin/Bangolore shall have exclusive Jurisdiction in all disputes/claims concerning the request and/or result of test(s).
- Contact customer care 9680396803 for all queries related to test results

Patient/Client is advised to contact the laboratory immediately, for any possible remedial action, If test result is alarming or unexpected

Aster LABS
We'll Treat You Well

MC-6709

TEST REPORT

Lab. Id	: MC14631120	Hosp. UHID	: 300600516	Reg. Date	: 26-Sep-2024 / 14:20 PM
Name	: MS. FATHIMATH SAARA IHUSAN			Collection	: 26-Sep-2024 / 14:29 PM
Age/Gender	: 8Y-6M-7D / Female			Received	: 26-Sep-2024 / 14:29 PM
Collected At	: ASTER MEDCITY			Report	: 26-Sep-2024 / 15:22 PM
Referral Dr	: Dr.Anncilla Jose	Report Status : Final		Print	: 28-Sep-2024 / 11:52 AM
Bed	: OPD				

Biochemistry

Investigation	Observed Value	Units	Biological Reference Range	Specimen
UREA Method:Kinetic with urease and GLDH	32	mg/dl	10.0-40.0	Heparinized Plasma
CREATININE Method:Alkaline Picrate, Kinetic	**0.50**	mg/dl	0.6-1.1	Heparinized Plasma

Comments:
Kidneys play several vital roles like filtration/removal of toxic wastes and metabolites from the blood, RBC production, Vitamin D metabolism and regulation of blood pressure. It is recommended in following conditions:
1. To evaluate kidney functioning in normal individuals as screening test
2. To aid in diagnosis of kidney related disorders (Acute and chronic renal failure, pyelonephritis, End Stage Renal Disease)
3. To screen those who may be at risk of developing kidney disorders (Diabetes, Hypertension, Cardiovascular diseases)
4. To monitor someone on treatment for kidney related disorders
5. To monitor effects of nephrotoxic drugs (given for other conditions) on kidneys (Vancomycin, methotrexate, some antivirals etc)

Results of the panel are usually considered together, rather than separately. Individual test result can be abnormal due to causes other than kidney disease, but taken together with risks and signs and symptoms, they may give an indication of whether kidney disease is present.

Verified By: Auto Verified
Verified Date : 26-Sep-2024 /15:20

Dr. Reshma Raghu
MBBS, MD (Biochemistry)
Consultant Biochemistry

--- End Of Report ---

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MC-5709

TEST REPORT

Lab. Id	: **MC14631120**	**Hosp. UHID**	: **300600516**	**Reg. Date**	: 26-Sep-2024 / 14:20 PM
Name	: MS. FATHIMATH SAARA IHUSAN			**Collection**	: 26-Sep-2024 / 14:29 PM
Age/Gender	: 8Y-6M-7D / Female			**Received**	: 26-Sep-2024 / 14:29 PM
Collected At	: ASTER MEDCITY			**Report**	: 26-Sep-2024 / 14:58 PM
Referral Dr	: Dr.Anncilla Jose	**Report Status** : Final		**Print**	: 28-Sep-2024 / 11:52 AM
Bed	: OPD				

Biochemistry

Investigation	Observed Value	Unit	Biological Ref. Interval	Specimen
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POTASSIUM Method:Indirect ISE	4.4	mmol/l	3.5-5.3	Heparinized Plasma
CHLORIDE Method:Indirect ISE	106.0	mmol/l	98-107	Heparinized Plasma
BICARBONATE Method:Enzymatic Colorimetric	29	mmol/L	22-29	Heparinized Plasma

Verified By: Auto Verified
Verified Date : 26-Sep-2024 /14:58

Dr. Reshma Raghu
MBBS, MD (Biochemistry)
Consultant Biochemistry

--- End Of Report ---

Important Instructions:

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- Lab investigation is only a tool to facilitate in concluding a diagnosis , and should be clinically correlated by the referring physician.
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- Contact customer care 9680396803 for all queries related to test results

Patient/Client is advised to contact the laboratory immediately, for any possible remedial action, If test result is alarming or unexpected

EMC™
ELITE MEDICAL CENTRE
Quality Care - Healthy Life

(960) 333 3505 (960) 333 3506 info@emc.mv
Ma. Boige, Dhilbahaaru Magu, Male', Rep of Maldives

Lab No:	5	**Sample Date:**	10-Jun-2023 09:58
Name:	FATHIMATH SAARA IHUSAN	**Episode No:**	108796
National ID:	A437937	**Patient No :**	30901
Address:	MA.SNOWLIGHT K. MALE'	**Age/Sex:**	8 Y/FEMALE
		Report No:	1

HAEMATOLOGY

Test	Result	Unit	Reference Range
Complete Haemogram			
Hb	11.6	g/dL	10.6-13.2
PCV	34.3	%	32.4-39.5
Total Leucocyte Count (TLC)	7.51	x 10^9/L	4.27 - 11.40
Total RBC Count	4.07	x 10^6/uL	3.90 - 4.96
Neutrophils (DC)	49.7	%	29.8 - 71.4
Lymphocytes (DC)	30.5	%	16.7 - 57.8
Monocytes (DC)	18.5	%	4.2 - 11.3
Eosinophils (DC)	0.9	%	0.0 - 4.0
Basophils (DC)	0.4	%	0.0 - 0.6
Platelet Count	166	x 10^3/uL	199 - 367
Mean red blood Cell Volume (MCV)	84.3	fL	75.9 - 87.
Mean Corpuscular Hemoglobin (MCH)	28.5	pg	24.8 - 29.5
Mean Corpuscular Hemoglobin Concentration (MCHC)	33.8	g/dL	31.8 - 34.6

SEROLOGY & IMMUNOLOGY

Test	Result	Unit	Reference Range
CRP (Quantitative)	33	mg/L	1-10

samuel
Laboratory technologist

This report is electronically verified. If you have any issues regarding this report please call 3333506.

AsterMedcity
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Center of Excellence : CENTRE OF EXCELLENCE FOR MULTI SPECIALITY - MEDICAL

Department : DERMATOLOGY

Dr. Anuradha Kakkanatt Babu, DNB,MNAMS

UHID : 300600516
Gender/Age : Female/8 Yr 5 Mnth 6 Days
Visit Date : 07/12/2023

Patient Name : Ms Fathimath Saara Ihusan
Date Of Birth : 19/03/2016
Doctor : Dr. Anju George C

Initial Assessment

Allergies:

No Allergies.

Plan of care: Continue oral steroids for 8 more days
Follow present prescription after 8 days
R/A 3 months in person for review
Review with dermatologist in home country in case of flare in between

Entered By: Dr. Anju George C on 07/12/2023 12:52PM

Prescription:

Medications Prescribed:

HHFUDIC 10GM CREAM : 1 Locally Apply - Bed Time - for 10 Day(s) (Topical), Instructions: over lesions-daily night x 10 days,then alternate nights x 10 days then stop
TACROZ FORTE 10GM OINTMENT : 1 Locally Apply - Bed Time - for 3 Month(s) (Topical), Instructions: start after 10 days,start as alternate nights x 10 days,then daily night x 3 months
ATARAX 10MG TABLET : 1 Tablet(s) - Bed Time - for 3 Month(s) (Oral), Instructions: twice x 10 days,then bedtime x 3 months

Entered by: Dr. Anju George C on 07/12/2023 12:50PM

Doctor Progress Note:

UHID : 300600516	**Patient Name : Ms Fathimath Saara Ihusan**
Gender/Age : Female/8 Yr 5 Mnth 6 Days	**Date Of Birth : 19/03/2016**
Visit Date : 07/12/2023	**Doctor : Dr. Anju George C**

Doctor Progress Note:

9/5/23-Provisional Diagnosis:

atopic dermatitis

Chief Complaints:

itchy lesions on trunk and limbs x since 1 year of age.

History:

itchy lesions on trunk and limbs x since 1 year of age

allergic tests done

Allergies:

No Allergies.

Examination Summary: multiple crusted plaques on trunk and limbs

Medications Prescribed:

MOMATE 20GM CREAM : 1 Locally Apply - 2 times a day - for 2 Week(s) (Topical), Instructions: twice daily x 2 weeks and then once daily x 2 weeks and on alternate days x 2 weeks

MONTEK LC KID 6.5MG TABLET : 1 Tablet(s) - 2 times a day - for 1 Month(s) (Oral), Instructions: 1-0-1 x 1 month and then 0-0-1 x 1 month

VENUSIA MAX 150GM MOISTURISING CREAM : 3 Locally Apply - 3 times a day - for 3 Month(s) (Topical), Instructions: 0

5/12/23- c/o worsening of lesions on examination - crusted and eroded plaques on neck, cubital fossa and poppliteal fossa-Plan of care: short course of steroid

emollients- with patient

antihstamines

Review after 10 days-Rx-wysolone,atarax,hhfudic,spoo,cetaphil cleansing lotion

7/12/23-Better

Entered by: Dr. Anju George C on 07/12/2023 12:46PM

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Center of Excellence : CENTRE OF EXCELLENCE FOR MULTI SPECIALITY - MEDICAL

Department : DERMATOLOGY

Dr. Anuradha Kakkanatt Babu, DNB,MNAMS

UHID : 300600516
Gender/Age : Female/8 Yr 5 Mnth 6 Days
Visit Date : 07/12/2023

Patient Name : Ms Fathimath Saara Ihusan
Date Of Birth : 19/03/2016
Doctor : Dr. Anju George C

Initial Assessment

Allergies:

No Allergies.

Plan of care: short course of steroid
emollients- with patient
antihstamines
Review after 0 days

Entered By: Dr. Anncilla Jose on 05/12/2023 11:56AM

Prescription:

Medications Prescribed:

WYSOLONE 5 MG DT TABLET : 2 Tablet(s) - once a Day - for 5 Day(s) (Oral), After Breakfast, Instructions: 2-0-0 x 5 days and then 1-0-0 x 5 days
ATARAX 10MG TABLET : 1 Tablet(s) - 2 times a day - for 10 Day(s) (Oral), Instructions: 0
HHFUDIC 10GM CREAM : 1 Locally Apply - Bed Time - for 10 Day(s) (Topical), Instructions: 0

Entered by: Dr. Anncilla Jose on 05/12/2023 11:55AM

Prescription:

Medications Prescribed:

SPOO TEAR FREE 125ML SHAMPOO CURATIO : 1 Locally Apply - once a Day - for 4 Week(s) (Topical), Instructions: 0

UHID : 300600516	**Patient Name : Ms Fathimath Saara Ihusan**
Gender/Age : Female/8 Yr 5 Mnth 6 Days	**Date Of Birth : 19/03/2016**
Visit Date : 07/12/2023	**Doctor : Dr. Anju George C**

CETAPHIL CLEANSING 250ML LOTION : 1 Locally Apply - once a Day - for 4 Week(s) (Topical), Instructions: 0

Entered by: Dr. Anncilla Jose on 05/12/2023 11:56AM

Doctor Progress Note:

9/5/23-Provisional Diagnosis:

atopic dermatitis

Chief Complaints:

itchy lesions on trunk and limbs x since 1 year of age.

History:

itchy lesions on trunk and limbs x since 1 year of age

allergic tests done

Entered By: Dr. Anncilla Jose on 09/05/2023 1:05PM

Allergies:

No Allergies.

Examination Summary: multiple crusted plaques on trunk and limbs

Medications Prescribed:

MOMATE 20GM CREAM : 1 Locally Apply - 2 times a day - for 2 Week(s) (Topical), Instructions: twice daily x 2 weeks and then once daily x 2 weeks and on alternate days x 2 weeks

MONTEK LC KID 6.5MG TABLET : 1 Tablet(s) - 2 times a day - for 1 Month(s) (Oral), Instructions: 1-0-1 x 1 month and then 0-0-1 x 1 month

VENUSIA MAX 150GM MOISTURISING CREAM : 3 Locally Apply - 3 times a day - for 3 Month(s) (Topical), Instructions: 0

5/12/23- c/o worsening of lesions on examination - crusted and eroded plaques on neck, cubital fossa and poppliteal fossa

Entered by: Dr. Anncilla Jose on 05/12/2023 11:52AM

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Center of Excellence : CENTRE OF EXCELLENCE FOR MULTI SPECIALITY - MEDICAL

Department : DERMATOLOGY

Dr. Anuradha Kakkanatt Babu, DNB,MNAMS

UHID : 300600516
Gender/Age : Female/8 Yr 5 Mnth 6 Days
Visit Date : 07/12/2023

Patient Name : Ms Fathimath Saara Ihusan
Date Of Birth : 19/03/2016
Doctor : Dr. Anju George C

Initial Assessment

Chief Complaints:

D:\LiveApplicationL\

History:

Worsening of eczema AR and wheeze once meds stopped

Entered By: Dr. Ranjit Baby Joseph on 04/12/2023 11:17AM

Allergies:

No Allergies.

Vitals:

Vital Date	GRBS	HT	WT	HC	T	R	P	BPS	BPD	MAC	BMI	BSA	Pain	SpO2	Lactation	LMP	PRG
04/12/2023																	
9:26 AM		119 cm	19.85 kg		97.3 F	**24 breaths/minute**	100 beats/minute				14.02	0.82	0 on a scale of 0 to 10 (No Hurt)	100 %			

Examination Summary: Eczema+
Chest clear
Entered By: Dr. Ranjit Baby Joseph on 04/12/2023 11:17AM

Provisional Diagnosis:

.

Entered by: Dr. Ranjit Baby Joseph on 04/12/2023 11:17AM

Plan of care: Continue controllers
Entered By: Dr. Ranjit Baby Joseph on 04/12/2023 11:17AM

Prescription:
Medications Prescribed:
ZEROSTAT VT SPACER DVC : STAT - 1 Nos (Respiratory (inhalation))
FORACORT 6MCG/200MCG INHALER : 1 Puff - 2 times a day - for 5 Month(s) (Respiratory (inhalation))
FLUTIFLO FT 6GM NASAL SPRAY : 1 Spray - Bed Time - for 5 Month(s) (Nasal), Instructions: One spray in each nostril
VENUSIA MAX 150GM MOISTURISING CREAM : 1 Locally Apply - 2 times a day - for 5 Month(s) (Topical)
ATONIDE 0.05% 20GM GEL : 1 Locally Apply - 2 times a day - for 5 Day(s) (Topical), Instructions: over the eczema
ALLEGRA 30 MG/5 ML ORAL SUSPENSION : 5 ml - 2 times a day - for 5 Day(s) (Oral)
OMNACORTIL FORTE 15MG/5ML 60ML SYRUP : 3 ml - 2 times a day - for 3 Day(s) (Oral)

Entered by: Dr. Ranjit Baby Joseph on 04/12/2023 11:16AM

General Assessment:
Mode of arrival: with parents
Time of arrival for assessment: 9.27am
General Condition: Alert
Does the patient have fever with rashes? No
Does the patient have cough? No
Present complaint/ Reason for visit consultation

Isolation required? No immediate need identified
Immediate Attention Needed No Immediate attention needed
Reason and Doctor Notified nil
Home medications: nil
Vulnerability Category Dependent Child < 16yrs
High Risk Category None
Psycho social Issues: None nil
Family & friends support available Yes
Expressed financial difficulties No
Emotional Stability No
Recreational Substance Use nil
Religious/ Spiritual/ Cultural preferences No
Entered By: Ms Astymariya C A on 04/12/2023 9:28AM

Pain Scale:

Pain Scale: 0
Entered By: Ms Astymariya C A on 04/12/2023 9:29AM

Fall Risk Assessment(Paediatric)

Age: (2 point) 7 to < 13 years of old
Gender: (1 point) Female
Diagnosis: (1 point) Other diagnosis
Cognitive impairments: (1point) Oriented to own ability
Environmental Factors: (1 point) Outpatient area
Response to surgery/ sedation/ anesthesia: (1 point) More than 48 hrs/ None
Medication Usage: (1 point) Other medication/ None
Total: 8
Risk level: Low Risk Score 7-11
Entered By: Ms Astymariya C A on 04/12/2023 9:29AM

Patient & Family Education

Patient & Family Education Display of patient rights and responsibilities, Fall precautions and safety measures, Fire exit, Importance of hand hygiene and Patient identification process in Aster Medcity.
Entered By: Ms Astymariya C A on 04/12/2023 9:29AM

UHID : 300600516	Patient Name : Ms Fathimath Saara Ihusan
Gender/Age : Female/8 Yr 5 Mnth 6 Days	Date Of Birth : 19/03/2016
Visit Date : 07/12/2023	Doctor : Dr. Anju George C

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Center of Excellence : CENTRE OF EXCELLENCE FOR MULTI SPECIALITY - MEDICAL

Department : DERMATOLOGY

Dr. Anuradha Kakkanatt Babu, DNB,MNAMS

UHID : 300600516	Patient Name : Ms Fathimath Saara Ihusan
Gender/Age : Female/8 Yr 5 Mnth 6 Days	Date Of Birth : 19/03/2016
Visit Date : 07/12/2023	Doctor : Dr. Anju George C

Initial Assessment

Chief Complaints:

itchy lesions on trunk and limbs x since 1 year of age.

History:

itchy lesions on trunk and limbs x since 1 year of age

allergic tests done

Entered By: Dr. Anncilla Jose on 09/05/2023 1:05PM

Allergies:

No Allergies.

Examination Summary: multiple crusted plaques on trunk and limbs

Entered By: Dr. Anncilla Jose on 09/05/2023 1:05PM

Provisional Diagnosis:

atopic dermatitis

Entered by: Dr. Anncilla Jose on 09/05/2023 1:05PM

Prescription:

Medications Prescribed:

UHID : 300600516	**Patient Name : Ms Fathimath Saara Ihusan**
Gender/Age : Female/8 Yr 5 Mnth 6 Days	**Date Of Birth : 19/03/2016**
Visit Date : 07/12/2023	**Doctor : Dr. Anju George C**

MOMATE 20GM CREAM : 1 Locally Apply - 2 times a day - for 2 Week(s) (Topical)
MONTEK LC KID 6.5MG TABLET : 1 Tablet(s) - 2 times a day - for 1 Month(s) (Oral)
VENUSIA MAX 150GM MOISTURISING CREAM : 3 Locally Apply - 3 times a day - for 3 Month(s) (Topical)

Entered by: Dr. Anncilla Jose on 09/05/2023 1:07PM

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Center of Excellence : CENTRE OF EXCELLENCE FOR MULTI SPECIALITY - MEDICAL

Department : DERMATOLOGY

Dr. Anuradha Kakkanatt Babu, DNB,MNAMS

UHID : 300600516
Gender/Age : Female/8 Yr 5 Mnth 6 Days
Visit Date : 07/12/2023

Patient Name : Ms Fathimath Saara Ihusan
Date Of Birth : 19/03/2016
Doctor : Dr. Anju George C

Initial Assessment

Chief Complaints:

Came for SPT.

History:

PFT shows evidence of OLD with reversibility of mainly small airways
SPT showed sensitisation to HDM- der p, der f, blomia, cockroach, food allergies- chicken, prawns

Entered By: Dr. Ranjit Baby Joseph on 09/05/2023 12:36PM

Allergies:

No Allergies.

Vitals:

Vital Date	GRBS	HT	WT	HC	T	R	P	BPS	BPD	MAC	BMI	BSA	Pain	SpO2	Lactation	LMP	PRG
09/05/2023																	
10:24 AM		116.4 cm	17.70 kg		97.3 F	24 breaths/minute	105 beats/minute				13.06	0.77	0 on a scale of 0 to 10 (No Hurt)	96 %			

Examination Summary: Normal

Entered By: Dr. Ranjit Baby Joseph on 09/05/2023 12:36PM

Provisional Diagnosis:

.

Entered by: Dr. Ranjit Baby Joseph on 09/05/2023 12:36PM

Plan of care: Clinical diagnosis:
Eczema
Intermittent asthma

Interpretation of test result:
Sensitization noted to House dust mites (blomia) (D. pteronyssinus) (D. farina), Prawn and Chicken.

Mild reaction noted to Dog epithelia (Animal epithelia), Cotton dust (Dust), Cockroach (Insect) and Mutton with good positive and negative controls.

Entered By: Ms Stephy Stephen on 09/05/2023 12:55PM

Plan of care:
Start controllers
Avoidance measures advised
Dermat consultation

Entered By: Dr. Ranjit Baby Joseph on 09/05/2023 12:36PM

Prescription:

Medications Prescribed:

OLOPAT 5ML EYE DROPS : PRN - 1 Drop (Ophthalmic)
CETZINE 60ML SYRUP : 5 ml - Bed Time - for 10 Day(s) (Oral)
BUDECORT 200MCG INHALER : 1 Puff - 2 times a day - for 3 Month(s) (Respiratory (inhalation))
ZEROSTAT VT SPACER DVC : STAT - 1 Nos (Respiratory (inhalation))
ALLEGRA 27.5 MCG 120 MD NASAL SPRAY : 1 Spray - Bed Time - for 3 Month(s) (Nasal)
MONTAIR 5MG TABLET : 1 Tablet(s) - once a Day - for 1 Month(s) (Oral)

UHID : 300600516	**Patient Name : Ms Fathimath Saara Ihusan**
Gender/Age : Female/8 Yr 5 Mnth 6 Days	**Date Of Birth : 19/03/2016**
Visit Date : 07/12/2023	**Doctor : Dr. Anju George C**

Entered by: Dr. Ranjit Baby Joseph on 09/05/2023 12:40PM

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Center of Excellence : CENTRE OF EXCELLENCE FOR MULTI SPECIALITY - MEDICAL

Department : DERMATOLOGY

Dr. Anuradha Kakkanatt Babu, DNB,MNAMS

UHID : 300600516
Gender/Age : Female/8 Yr 5 Mnth 6 Days
Visit Date : 07/12/2023

Patient Name : Ms Fathimath Saara Ihusan
Date Of Birth : 19/03/2016
Doctor : Dr. Anju George C

Initial Assessment

Chief Complaints:

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History:

Known case of atopic dermatitis since 6 yrs
On topical ICS and tacroz with sos antihistamines and steroids
No definite food triggers identified
sIgE was done- report lost
Frequent flare ups+
Has recurrent rhinitis, sneezing, cough and occasional SOBEye itching+
Poor eater
Paternal side- allergic

Entered By: Dr. Ranjit Baby Joseph on 08/05/2023 12:06PM

Allergies:

No Allergies.

Vitals:

Vital Date	GRBS	HT	WT	HC	T	R	P	BPS	BPD	MAC	BMI	BSA	Pain	SpO2	Lactation	LMP	PRG
08/05/2023																	

* This is a computer generated document. No signature required.

11:39 AM		116.4 cm	17.75 kg		98 F	24 breaths/minute	98 beats/minute				13.10	0.77	0 on a scale of 0 to 10 (No Hurt)	95 %			

Examination Summary: Dry skin
Eczema+ mainly of limbs

Entered By: Dr. Ranjit Baby Joseph on 08/05/2023 12:06PM

Provisional Diagnosis:

.

Entered by: Dr. Ranjit Baby Joseph on 08/05/2023 12:06PM

Order And Procedures:

PAEDIATRICS:

ALLERGY PRICK TEST PANEL - PAEDIATRIC

Entered by: Dr. Ranjit Baby Joseph on 08/05/2023 12:10PM

PULMONOLOGY:

REVERSIBILITY PULMONARY FUNCTION TEST

Entered by: Dr. Ranjit Baby Joseph on 08/05/2023 12:09PM

Plan of care: SPT
PFT
Dermat consultation
Start ICS+ INS and LTRA
Olopat SOS

Entered By: Dr. Ranjit Baby Joseph on 08/05/2023 12:06PM

Token No :- RB-MW-1

AsterMedcity
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GSTIN : 32AACCD7912K1ZQ

Credit Bill OP

Bill No	: **OPCR24/7721**	Bill Date	: 08/05/2023 09:54	Presc. Doctor	: Dr. Ranjit Baby Joseph (PAEDIATR
Aster ID	: **300600516**	Gender/Age	: Female/7 Yr 1 Mnth 21 Day	Refered By	: Self
Patient Name	: Ms Fathimath Saara Ihusan	Contact No	: 009607923330	Patient Address	: maldives k male , Maldives, Maldives, Maldives
Payer	: Aasandha Insurance Company				
GSTIN	:	State Code		Payer Address	: Level III, Fen Building 3rd Floor

SN	SrCode	SAC	Service Particulars	Rate	Unit	Total	Concession	Net Amt	Pat Amt	Payer Amt
1			REGISTRATION CHARGES	100.00	1	100.00	0.00	100.00	0.00	100.00
2			CONSULTATION - FIRST VISIT - SPECIALTY	400.00	1	400.00	0.00	400.00	0.00	400.00

Total Amount	500.00
Net Amount	500.00
Payer Amount	500.00
Patient Amount	0.00
Amt Received	0.00
Balance Amount	500.00

(Muhammed Yunus T)
(Signature)

Printed By: 18716 Prepared By: 18776 Printed on: 08/05/2023 09:5?

Please be informed that the reports can be viewed / downloaded ... your registered ... mobile number or mail ID

ASTER DM HEALTHCARE LTD. (Kochi)

... blood sample collection ... medcity.com W astermedcity.com

Aster Medcity, Cheranelloor, Kochi 682027, Kerala, India
T +91 484 6699999 E astermedcity@asterhospital.com W astermedcity.com

Mild reaction noted to Dog epithelia (Animal epithelia), Cotton dust (Dust), Cockroach (Insect) and Mutton with good positive and negative controls.

Reporting date: 09/05/2023

Dr. RANJIT BABY JOSEPH
MD, Dip in Allergy & Asthma
Consultant
Aster Medcity, Kochi
(Unit of Aster DM Healthcare Ltd.)
Reg. No : 39988 TCMC

Reported by:

Dr Ranjit Baby Joseph

MD.Dip.in Allergy & Asthma

Consultant Pediatrics & Allergy

Aster Child & Adolescent health

Invoice

LANKA HOSPITALS

OP Bill: CR25054600

(DUPLICATE)

The Lanka Hospitals Pharmacy
No 578, Elvitigala Mawatha, Narahenpita, Colombo 05.
Tel: +94115430000 Fax: +94114511199

UHID : LHC1.0001108696 **Datetime** : 11-Apr-2025 9:54
Name : Miss FATHIMATH SAARA IHUSHAN/Female-9 Year(s

Mobile Number : 0701886794
Prescribed By : Dr WICKRAMASINGHE E M N

Company : Aasandha Company Ltd

Company VAT Number

18547

#	DESCRIPTION	Qty	AMOUNT
	Hospital charges		
1	VITAMIN D (25 HYDROXY)	1	12,140.00
2	SPIROMETRY (BASIC PFT TEST)	1	4,830.00
3	X-RAY CHEST - PA	1	2,240.00
	Total Hospital charges		19,210.00
	Total Bill Amount		19,210.00

REPORT ISSUED COLOMBO 11 APR 2025 LANKA HOSPITALS

Issued.

Hospitals (Pvt) Ltd REPORT ISSUED Time..... Sign..... LHD

51.5kg / 130cm

Note: 1. You are requested to collect your report within 1 month of your test. The hospital will not be responsible for any reports which are not collected within this period
2. Kindly produce this bill when collecting your report.

T - 99.1F

CONSULTATION TIMES

MONDAY TO FRIDAY

MORNING: - 09.00AM- 12.00PM

EVENING: - 01.00PM-7.00PM

SATURDAY & SUNDAY

MORNING: - 09.00AM- 12.00PM

TEL: 0115431130 (OPD 03)

LANKA HOSPITALS

සුවෙන් සැපෙන් • CARING CURING • பராமரித்தல் குணமாக்கல்

DATE : 11/04/2025

NAME : MS. Sarah.

AGE : 9Y

WT : 31.3kg

pulmonary lung function test.

Sever eczema
+
food allergy
+
wheezing.

Vitamin D -
1000 units daily
x 3/12.

11/04/25 3/12

CXR
Vitamin D level.

Dr. E. M. [illegible] singha
[illegible] (CMC)
MRCP(UK), MRCPCH(UK), FRCP(Glasg)
Consultant Paediatrician
Specialist in Child Health.

0777906023

LABORATORY REPORT

PRIVATE AND CONFIDENTIAL

CLIENT CODE : CH00000017

CLIENT'S NAME AND ADDRESS :
HC NEW CLIENT HIS_CD:FI004

NARAHENPITA
COLOMBO
COLOMBO SRI LANKA

LANKA HOSPITALS DIAGNOSTICS PVT LTD.
LHD REFERENCE LAB - COLOMBO
7TH FLOOR, LANKA HOSPITAL, NO. 578, ELVITIGALA MAWATHA, NARAHENPITA, COLOMBO 5
Tel : +94 11 5430000 , **Fax :** +94 11 5439032
Email : info@lhd.lk **Web :** www.lhd.lk

PATIENT NAME : **Miss FATHIMATH SAARA IHUSHAN**
ACCESSION NO : **6001YD014453**
AGE : 9 Years 23 Days SEX : Female
DATE OF BIRTH :
REFERRING DOCTOR : Dr WICKRAMASINGHE E M N
CLINICAL INFORMATION :
BI2500027274/CR25054600 OPD-BILLING 3RDFL

PATIENT ID : **LHC1.0001108696**
COLLECTED : 11/04/2025 10:00
RECEIVED : 11/04/2025 10:00
REPORTED : 11/04/2025 12:55

Test Report Status **Final**	Results	Biological Reference Interval	Units

SPECIALISED CHEMISTRY

VITAMIN D (25-HYDROXY)-(BLOOD)

25 - HYDROXYVITAMIN D	**22.70**	**Low**	30 - 100	ng/mL

Interpretation of 25 hydroxy Vitamin D level reported in ng/mL:

Vitamin D Deficient
< 20
Vitamin D Insufficient
20 - 29
Vitamin D Sufficient (Normal)
30 - 100
Vitamin D Toxicity
> 150

****End Of Report****

Dr.(Mrs.) Thamara Herath
MBBS,Dip.Path,MD(Chemical Pathology)
Consultant Chemical Pathologist

Dr. Rajitha Samarasinghe
MBBS(COL) D Path MD(Chem Path) FAACC
Consultant Chemical Pathologist

Scan to View Details

Token No :- RB-MA-1000

300600516

AsterMedcity
We'll Treat You Well

GSTIN : 32AACCD7912K1ZQ

Credit Bill OP

Bill No	: **OPCR24/56645**	Bill Date	: 04/12/2023 09:24	Presc. Doctor	: Dr. Ranjit Baby Joseph (PAEDIATR
Aster ID	: **300600516**	Gender/Age	: Female/7 Yr 8 Mnth 21 Dav	Refered By	: Self
Patient Name	: Ms Fathimath Saara Ihusan	Contact No	: 009607923330	Patient Address	: maldives k male , Maldives, Maldives, Maldives
Payer	: Aasandha Insurance Company				
GSTIN	:	State Code		Payer Address	: Level III. Fen Building,3rd Floor

SN	SrCode	SAC	Service Particulars	Rate (₹)	Unit	Total	Concession	Net Amt	Pat Amt	Payer Amt
1			CONSULTATION - REVISIT - SPECIALTY	400.00	1	400.00	0.00	400.00	0.00	400.00

Total Amount	400.00
Net Amount	400.00
Payer Amount	400.00
Patient Amount	0.00
Amt Received	0.00
Balance Amount	400.00

(VIDYA VINOD MENON)
(Signature)

Printed By: 215368

Prepared By: 215368

Please be informed that the reports can be viewed / downloaded from the link sent to your registered

Printed at: 04/12/2023 09:23

ASTER DM HEALTHCARE LTD. (Kochi)

Cheranallor, Kochi 682 027, Kerala India

Please Contact +91 9656900760 for follow up blood sample collection and

assistance

Token No :- AJ-MW-6

300600516

AsterMedcity
We'll Treat You Well

GSTIN : 32AACCD7912K1ZQ

Credit Bill OP

Bill No	: **OPCR24/56905**	Bill Date	: 05/12/2023 11:16	Presc. Doctor	: Dr. Anncilla Jose (DERMATOLOGY)
Aster ID	: **300600516**	Gender/Age	: Female/7 Yr 8 Mnth 22 Dav	Refered By	: Self
Patient Name	: Ms Fathimath Saara Ihusan	Contact No	: 009607923330	Patient Address	: maldives k male , Maldives, Maldives, Maldives
Payer	: Aasandha Insurance Company				
GSTIN	:	State Code		Payer Address	: Level III. Fen Building,3rd Floor

SN	SrCode	SAC	Service Particulars	Rate (₹)	Unit	Total	Concession	Net Amt	Pat Amt	Payer Amt
1			CONSULTATION - REVISIT - SUPER SPECIALTY	500.00	1	500.00	0.00	500.00	0.00	500.00

Total Amount	500.00
Net Amount	500.00
Payer Amount	500.00
Patient Amount	0.00
Amt Received	0.00
Balance Amount	500.00

(Dhilsha Muhammed Nivas)
(Signature)

Printed By: 126734 Prepared By: 126734 Printed at: 05/12/2023 11:16 (1/1)

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TER DM HEALTHCARE LTD. (Kochi)

eranallor, Kochi 682 027, Kerala,India
ease Contact +91 9656900760 for follow up blood sample collection and various Home Care T +91 484 6699999 astermedcity@asterhospital.com W astermedcity.com,
sistance 8111998003

Token No :- A3-11-7

300500714

Aster Medcity
We'll Treat You Well

GSTIN : 32AACCD7912K1ZQ

Cash Bill OP

Bill No	: OPCA24/591286	Bill Date	: 05/12/2023 11:22	Presc. Doctor	: Dr. Anncilla Jose (DERMATOLOGY)
Aster ID	: 300500714	Gender/Age	: Female/47 Yr	Refered By	: Self
Patient Name	: Mrs. Neetha Binesh	Contact No	: 8547483569	Patient Address	: THOTTAPATU MARIGOLD NEAR MISSION HOSPITAL TRIPUNITHURA , Ernakulam, Kerala, India
Payer	: STAFF				
GSTIN	:	State Code	32	Payer Address	:

SN	SrCode	SAC	Service Particulars	Rate (₹)	Unit	Total	Concession	Net Amt	Pat Amt	Payer Amt
1			CONSULTATION - REVISIT - SUPER SPECIALTY	600.00	1	600.00	600.00	0.00	0.00	0.00

Total Amount	600.00
Concession (-)	600.00
Net Amount	0.00
Payer Amount	0.00
Patient Amount	0.00
Amt Received	0.00

(Richu Elsa Shabu)
(Signature)

Token No :- RB-MA-1000

300600516

AsterMedcity
We'll Treat You Well

GSTIN : 32AACCD7912K1ZQ

Credit Bill OP

Bill No	: **OPCR24/56645**	Bill Date	: 04/12/2023 09:24	Presc. Doctor	: Dr. Ranjit Baby Joseph (PAEDIATR
Aster ID	: **300600516**	Gender/Age	: Female/7 Yr 8 Mnth 21 Dav	Refered By	: Self
Patient Name	: Ms Fathimath Saara Ihusan	Contact No	: 009607923330	Patient Address	: maldives k male , Maldives, Maldives, Maldives
Payer	: Aasandha Insurance Company				
GSTIN	:	State Code		Payer Address	: Level III. Fen Building.3rd Floor

SN	SrCode	SAC	Service Particulars	Rate (₹)	Unit	Total	Concession	Net Amt	Pat Amt	Payer Amt
1			CONSULTATION - REVISIT - SPECIALTY	400.00	1	400.00	0.00	400.00	0.00	400.00

Total Amount	400.00
Net Amount	400.00
Payer Amount	400.00
Patient Amount	0.00
Amt Received	0.00
Balance Amount	400.00

(VIDYA VINOD MENON)
(Signature)

Printed By: 215368

Prepared By: 215368

Please be informed that the reports can be viewed / downloaded from the link sent to your registered

Printed at: 04/12/2023 09:23

ASTER DM HEALTHCARE LTD. (Kochi)

Cheranallor, Kochi 682 027, Kerala,India

Please Contact +91 9656900780 for follow up blood sample collection and value

assistance

Token No :- AJ-MW-6

AsterMedcity
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GSTIN : 32AACCD7912K1ZQ

Credit Bill OP

Bill No	: **OPCR24/56905**	Bill Date	: 05/12/2023 11:16	Presc. Doctor	: Dr. Anncilla Jose (DERMATOLOGY)
Aster ID	: **300600516**	Gender/Age	: Female/7 Yr 8 Mnth 22 Dav	Refered By	: Self
Patient Name	: Ms Fathimath Saara Ihusan	Contact No	: 009607923330	Patient Address	: maldives k male , Maldives, Maldives, Maldives
Payer	: Aasandha Insurance Company				
GSTIN	:	State Code		Payer Address	: Level III. Fen Building.3rd Floor

SN	SrCode	SAC	Service Particulars	Rate (₹)	Unit	Total	Concession	Net Amt	Pat Amt	Payer Amt
1			CONSULTATION - REVISIT - SUPER SPECIALTY	500.00	1	500.00	0.00	500.00	0.00	500.00

Total Amount	500.00
Net Amount	500.00
Payer Amount	500.00
Patient Amount	0.00
Amt Received	0.00
Balance Amount	500.00

(Dhilsha Muhammed Niyas)
(Signature)

Printed By: 126734 Prepared By: 126734 Printed at: 05/12/2023 11:16 (1/1)

Token No :- AJ-W-7

AsterMedcity
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GSTIN : 32AACCD7912K1ZQ

Cash Bill OP

Bill No	: **OPCA24/591286**	Bill Date	: 05/12/2023 11:22	Presc. Doctor	: Dr. Anncilla Jose (DERMATOLOGY)
Aster ID	: **300500714**	Gender/Age	: Female/47 Yr	Refered By	: Self
Patient Name	: Mrs. Neetha Binesh	Contact No	: 8547483569	Patient Address	: THOTTAPATU MARIGOLD NEAR MISSION HOSPITAL TRIPUNITHURA , Ernakulam, Kerala, India
Payer	: STAFF				
GSTIN	:	State Code	32	Payer Address	:

SN	SrCode	SAC	Service Particulars	Rate (₹)	Unit	Total	Concession	Net Amt	Pat Amt	Payer Amt
1			CONSULTATION - REVISIT - SUPER SPECIALTY	600.00	1	600.00	600.00	0.00	0.00	0.00

Total Amount	600.00
Concession (-)	600.00
Net Amount	0.00
Payer Amount	0.00
Patient Amount	0.00
Amt Received	0.00

(Richu Elsa Shabu)
(Signature)

Token No :- RB-MW-4

AsterMedcity
We'll Treat You Well

GSTIN : 32AACCD7912K1ZQ

Credit Bill OP

Bill No	: **OPCR25/25814**	Bill Date	: 16/09/2024 09:53	Presc. Doctor	: Dr. Ranjit Baby Joseph (PAEDIATR
Aster ID	: **300600516**	Gender/Age	: Female/8 Yr 6 Mnth 3 Days	Refered By	: Self
Patient Name	: Ms Fathimath Saara Ihusan	Contact No	: 009607923330	Patient Address	: maldives k male , Maldives, Maldives, Maldives
Payer	: Aasandha Insurance Company				
GSTIN	:	State Code		Payer Address	:

SN	SrCode	SAC	Service Particulars	Rate (₹)	Unit	Total	Concession	Net Amt	Pat Amt	Payer Amt
1			CONSULTATION - REVISIT - SPECIALTY	400.00	1	400.00	0.00	400.00	0.00	400.00

Total Amount	400.00
Net Amount	400.00
Payer Amount	400.00
Patient Amount	0.00
Amt Received	0.00
Balance Amount	400.00

(Muhammed Yunus T)
(Signature)

Printed By: 187176 Prepared By: 187176 Printed at: 16/09/2024 09:53 (1/1)

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ASTER DM HEALTHCARE LTD. (Kochi)
Cheranallor, Kochi 682 027, Kerala, India T +91 484 6699999 astermedcity@asterhospital.com W astermedcity.com,

Please Contact +91 9656900760 for follow up blood sample collection and various Home Care assistance **8111998003**

Aster Medcity, Cheranelloor, Kochi 682027, Kerala, India
T +91 484 6699999 E astermedcity@asterhospital.com W astermedcity.com

AsterMedcity
We'll Treat You Well

AM/CH/2023/RBJ328

09/05/2023

MEDICAL CERTIFICATE

This is to certify that **Miss Fathimath Saara Ihusan, 7 Yrs/Female Aster ID 300600516**, has consulted in Aster Medcity with eczema and intermittent asthma on 08/05/2023. She is started on inhaler therapy, controllers, avoidance measures advised and dermatology consultation, also advised to follow up after 3 months to assess treatment response and modify treatment if needed.

Regards,

Dr. RANJIT BABY JOSEPH
MD, Dip. in Allergy & Asthma
Consultant
Aster Medcity, Kochi
(Unit of Aster DM Healthcare Ltd.)
Reg. No : 39988 TCMC

Dr. Ranjit Baby Joseph

MBBS, MD, Dip.in Allergy & Asthma

Consultant- Pediatrics

Aster Child & Adolescent Health

Aster Medcity, Kochi

AsterMedcity
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07/12/2023

TO WHOMESO EVER IT MAY CONCERN

Ms. Fathimath Saara Ihusan (ASTER ID – 300600516) 7 years old female is under my treatment for ATOPIC DERMATITIS. She is advised for further consultation in person after 3 Months.

Dr. ANJU GEORGE C
(MBBS, MD, DNB, MNAMS)
Specialist - Dermatology

Aster Medcity, Kochi

Dr. ANURADHA KAKKANATT BABU
MBBS, DNB, MNAMS, FRCP(LONDON)
Senior Consultant - Dermatology
Aster Medcity, Kochi
(Unit of Aster DM Healthcare Ltd.)
Reg. No : 31544 TCMC

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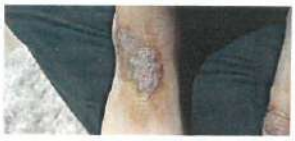

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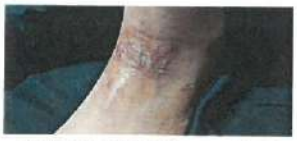

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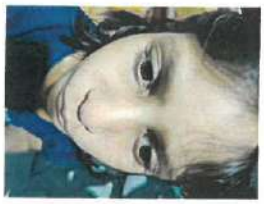

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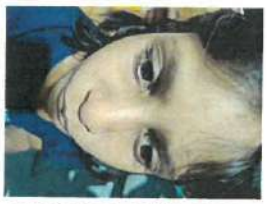

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