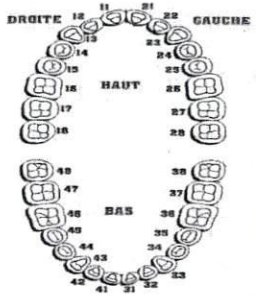
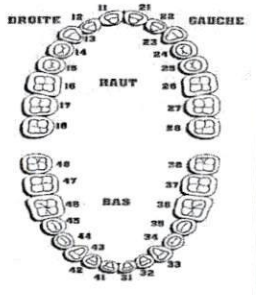
SOINS ET PROTHESES DENTAIRES

Le praticien est prié de présenter la dent traitée, l'acte pratiqué et indiquer la nature des soins.
Veuillez fournir une facture
Veuillez joindre les radiographies en cas de prothèses ou de traitement canalaires, ainsi que le bilan de l'ODF.

SOINS DENTAIRES	Dents Traitées	Nature des soins	Coefficient	Coefficient des
				Montant des soins
				Début d'execution
				Fin d'execution

O.D.F. Prothèses dentaires	Détermination du coefficient masticatoire	Coefficient des travaux
	H D — 25533412 / 00000000 — 21433552 / 00000000 — G 00000000 / 00000000 35533411 / 11433553	Montant des soins
	(Création, Remont, adjonction) Fonctionnel, thérapeutique, nécessaire à la profession	Date du devis
		Fin de

Visa et cachet du praticien attestant le devis

Visa et cachet du praticien attestant l'execution

MUPRAS
Mutuelle de Prévoyance & d'Actions Sociales de Royal Air Maroc

W18-367996

DATE DE DEPOT ...../...../201...

A REMPLIR PAR L'ADHERENT Mle 1570

Nom & Prénom ... Doustam Med ...

Fonction : Retraité Phones 0622606893

Mail ...

Signature de l'adhérent

MEDECIN

Prénom du patient ... Doustam Med ...

Adhérent ☐ Conjoint ☐ Enfant ☐ Age ... Date 02/04/19

Nature de la maladie : Polyarthrite de rhizarthrose

Date 1ère visite

S'agit-il d'un accident : Causes et circonstances

Nature des actes	Nbre de Coefficient	Montant détaillé des honoraires
C		C5

Docteur Mohammed ... Ophtalmologue ... 2, Rue de Tunis ... Tél : 05 23 ...

PHARMACIE Date ...

Montant de la facture

Signature et cachet du Pharmacien

ANALYSES - RADIOGRAPHIES Date : ...

Désignation des Coefficients	Montant détaillé des Honoraires
ct+Angio	2400,00 dh
80+K80	

Clinique TERRADA OASIS ... Service de Radiologie ... CASABLANCA ... Tél : 05 22 90 87 ...

AUXILIAIRES MEDICAUX Date : ...

Nombre				Montant détaillé des Honoraires
MM	PC	IM	IV	

MUPRAS CACHET 23 AVR. 2019 ACCUEIL

CLINIQUE JERRADA OASIS

090061078

CASABLANCA Le : 08-04-2019

Facture N° 04993/19

A. Identification

N° Dossier : 19D0808605 N° Identifiant : 007011

Nom & Prénom : M. MOUSTAOUI MOHAMED

C.I.N :

Adresse :

C. Débiteur *page1/1*

Organisme : **Payant**

D. Période d'Hospitalisation

Date Entrée : 08-04-2019

Date Sortie :

Médecin traitant : DR. RAAD MOHAMED

Traitement :

Qté	Prestations	Observation	Prix U.	L.C.	Coef	Total
RADIOLOGIE						
1	OCT+ ANGIO		2 400,00			2 400,00
				Total Rubrique :		**2 400,00**
PARTIE CLINIQUE :						**2 400,00**
PARTIE HONORAIRES ET ACTES EXTERNES :						0,00

Arrêté la présente facture à la somme de :

TOTAL GENERAL	2 400,00

DEUX MILLE QUATRE CENTS DIRHAMS

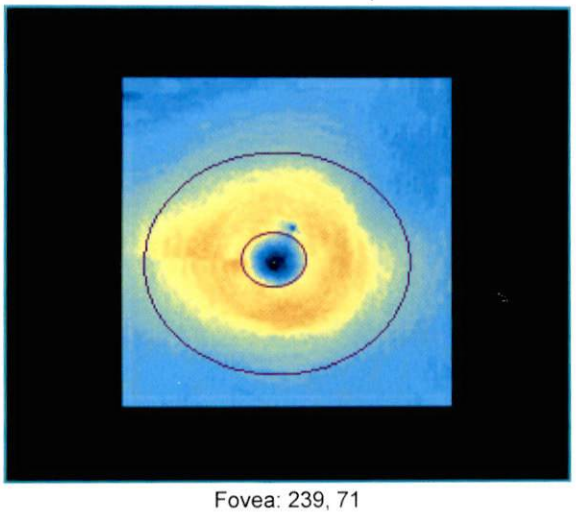
Cachet et Signature

Clinique JERRADA OASIS
Service de Radiologie
CASABLANCA
Tél : 05 22 99 37 48

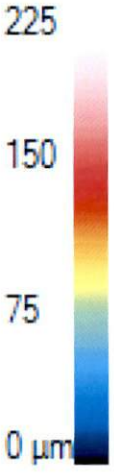
			OD	OS	
Name:	**MOUSTAOUI, MOHAMED**				
ID:	CZMI1390761801	Exam Date:	4/8/2019	4/8/2019	CLINIQUE JERADA
DOB:	1/1/1950	Exam Time:	9:30 AM	9:25 AM	
Gender:	Male	Serial Number:	5000-6064	5000-6064	
Technician:	Operator, Cirrus	Signal Strength:	7/10	7/10	

Ganglion Cell OU Analysis: Macular Cube 512x128 — OD ● ● OS

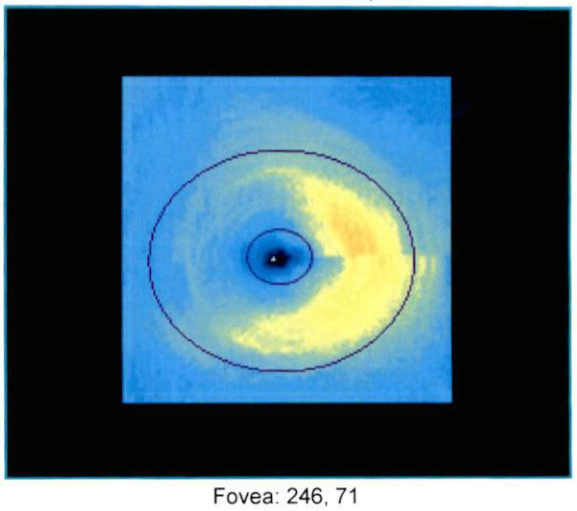
OD Thickness Map



Fovea: 239, 71

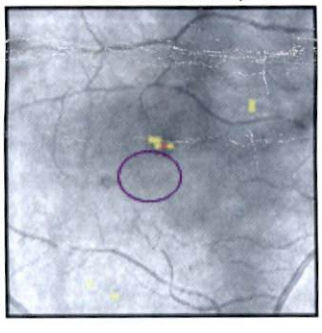


OS Thickness Map

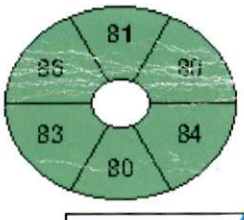


Fovea: 246, 71

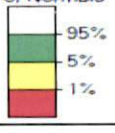
OD Deviation Map



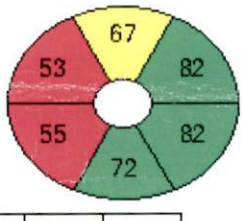
OD Sectors



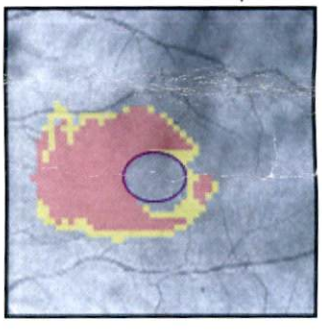
Diversified Distribution of Normals



OS Sectors

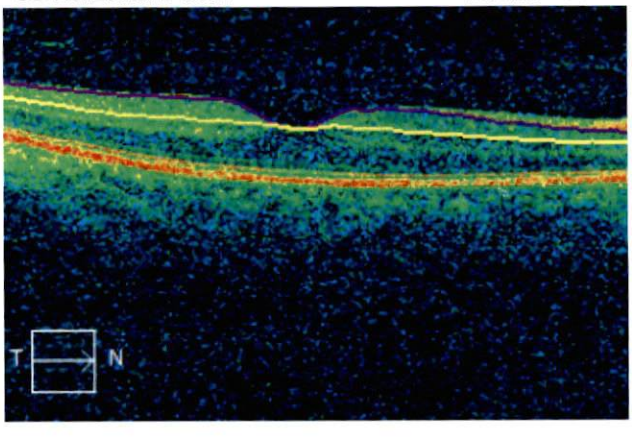


OS Deviation Map

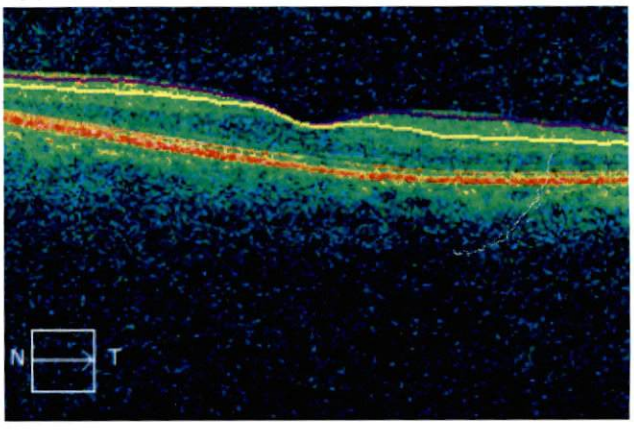


	OD µm	OS µm
Average GCL + IPL Thickness	82	68
Minimum GCL + IPL Thickness	78	49

OD Horizontal B-Scan **BScan:** 71



OS Horizontal B-Scan **BScan:** 71



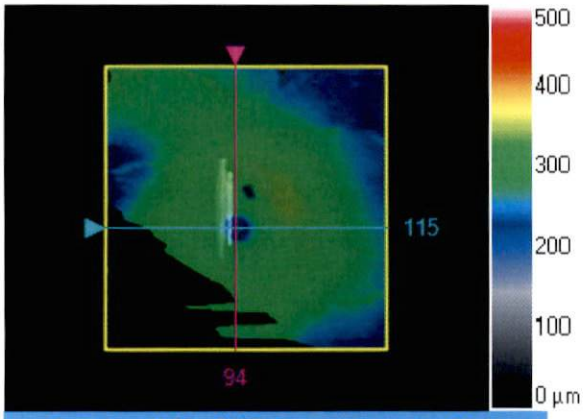
Comments

Doctor's Signature

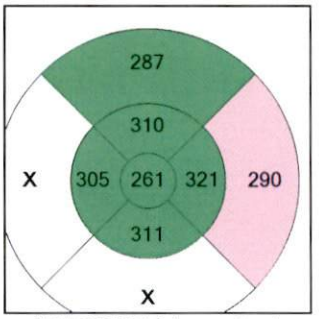
Name:	**MOUSTAOUI, MOHAMED**			
ID:	CZMI1390761801	Exam Date:	4/8/2019	CLINIQUE JERADA
DOB:	1/1/1950	Exam Time:	9:25 AM	
Gender:	Male	Serial Number:	5000-6064	
Technician:	Operator, Cirrus	Signal Strength:	5/10	

Macula Thickness : Macular Cube 200x200

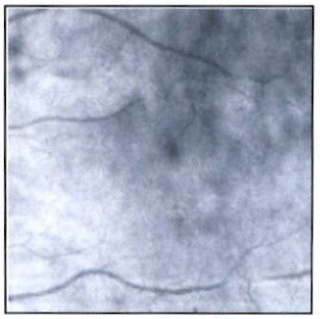
OD ○ | ● OS



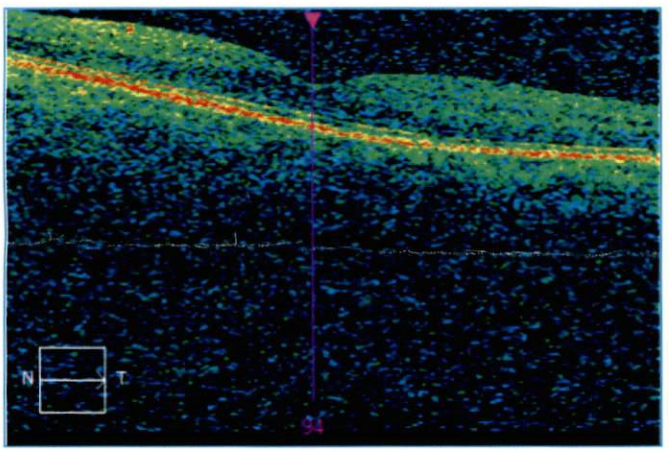
Overlay: ILM - RPE Transparency: 50 %

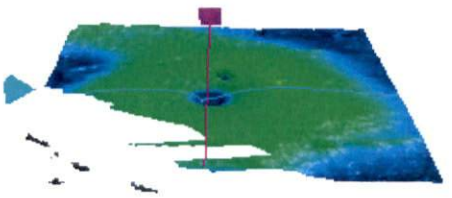


ILM-RPE Thickness (µm)

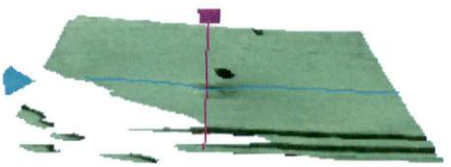


Fovea: 94, 115

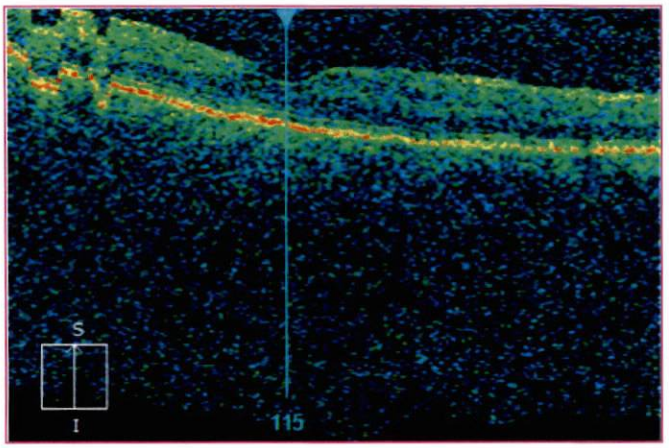


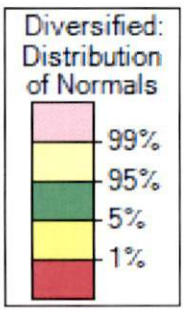


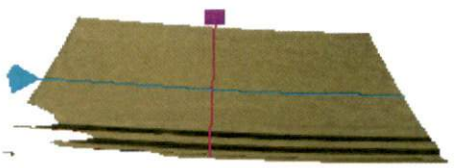
ILM - RPE



ILM







RPE

	Central Subfield Thickness (µm)	Cube Volume (mm³)	Cube Average Thickness (µm)
ILM - RPE	261	8.4	232

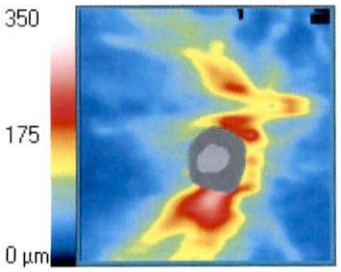
Comments

Doctor's Signature

			OD	OS	
Name:	**MOUSTAOUI, MOHAMED**				
ID:	CZMI1390761801	Exam Date:	4/8/2019	4/8/2019	CLINIQUE JERADA
DOB:	1/1/1950	Exam Time:	9:33 AM	9:29 AM	
Gender:	Male	Serial Number:	5000-6064	5000-6064	
Technician:	Operator, Cirrus	Signal Strength:	6/10	6/10	

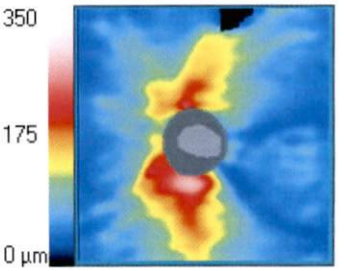
ONH and RNFL OU Analysis:Optic Disc Cube 200x200 OD ● | ● OS

RNFL Thickness Map

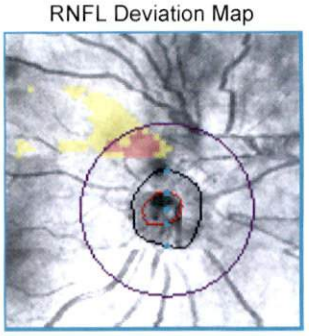


	OD	OS
Average RNFL Thickness	99 µm	98 µm
RNFL Symmetry	47%	
Rim Area	1.30 mm²	1.28 mm²
Disc Area	1.73 mm²	1.91 mm²
Average C/D Ratio	0.49	0.57
Vertical C/D Ratio	0.44	0.47
Cup Volume	0.107 mm³	0.238 mm³

RNFL Thickness Map

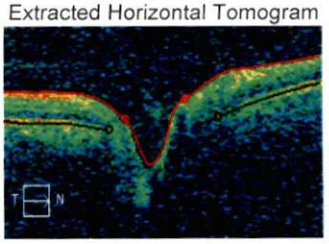


RNFL Deviation Map

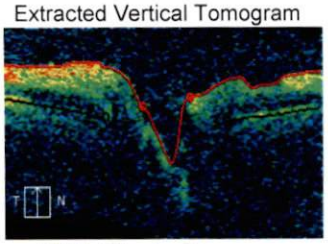


Disc Center(0.24,-0.54)mm

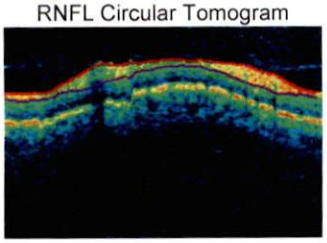
Extracted Horizontal Tomogram



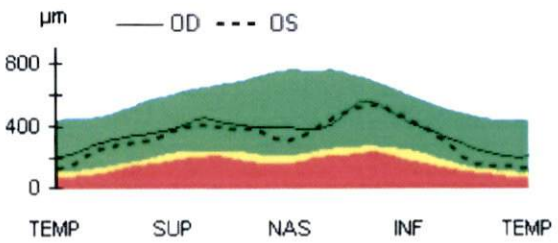
Extracted Vertical Tomogram



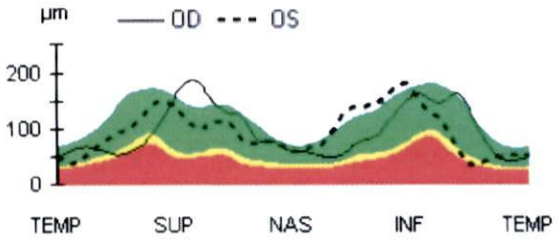
RNFL Circular Tomogram

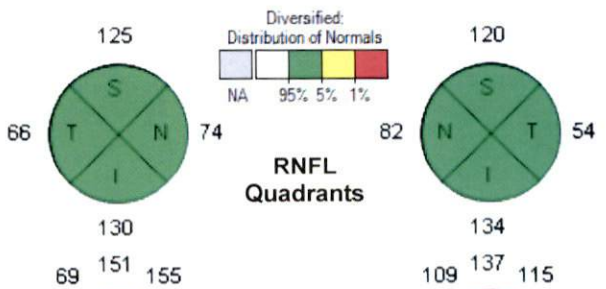


Neuro-retinal Rim Thickness

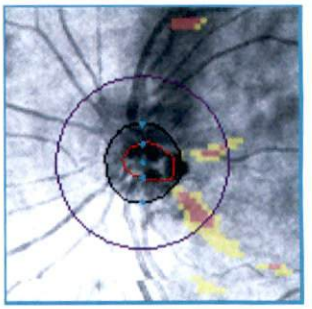


RNFL Thickness



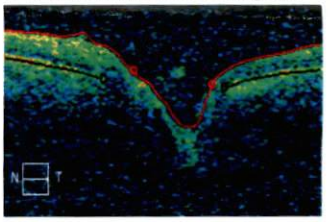


RNFL Deviation Map

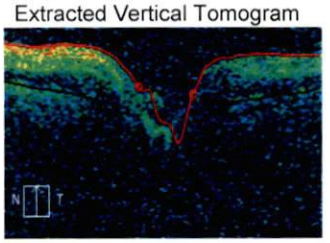


Disc Center(-0.24,-0.12)mm

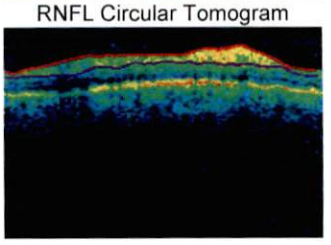
Extracted Horizontal Tomogram



Extracted Vertical Tomogram



RNFL Circular Tomogram



Comments

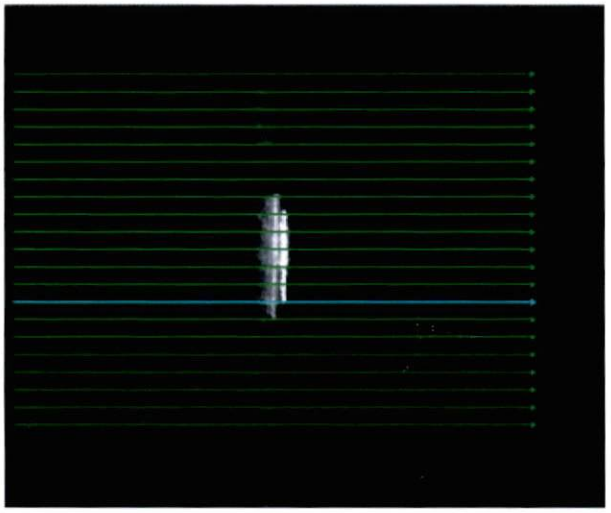
Doctor's Signature

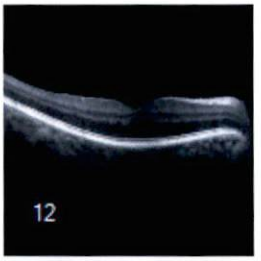
Name:	**MOUSTAOUI, MOHAMED**			
ID:	CZMI1390761801	Exam Date:	4/8/2019	CLINIQUE JERADA
DOB:	1/1/1950	Exam Time:	9:32 AM	
Gender:	Male	Serial Number:	5000-6064	
Technician:	Operator, Cirrus	Signal Strength:	7/10	

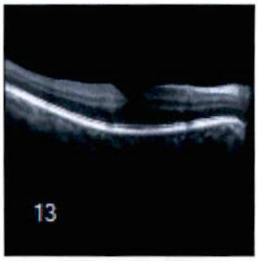
High Definition Images: HD 21 Line

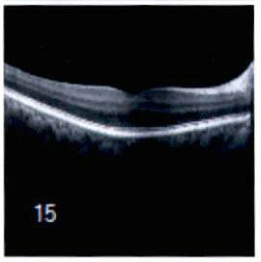
OD ● | ○ OS

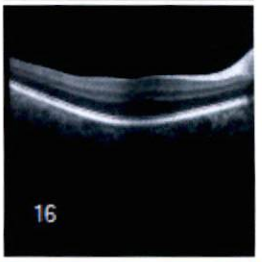
Scan Angle: 0° **Spacing: 0.3 mm** **Length: 9 mm**

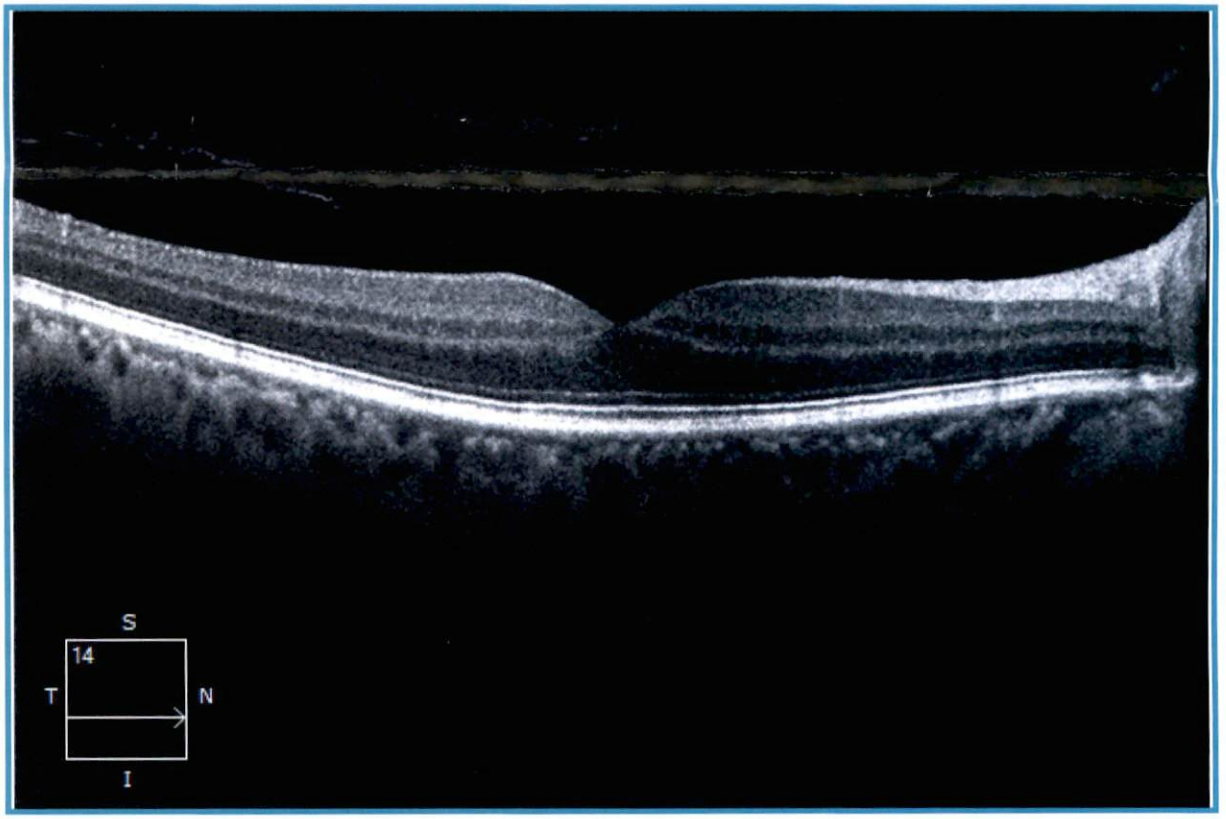












Comments

Doctor's Signature

SW Ver: 8.0.0.518