

# SOINS ET PROTHÈSES DENTAIRES

Le praticien est prié de présenter la dent traitée, l'acte pratiqué et indiquer la nature des soins.

Veillez fournir une facture

Veillez joindre les radiographies en cas de prothèses ou de traitement canaux, ainsi que le bilan de l'ODF.

SOINS DENTAIRES	Dents Traitées	Nature des soins	Coefficient	Coefficient des
				Montant des soins
				Début d'exécution
				Fin d'exécution
<b>O.D.F.</b> Prothèses dentaires	Détermination du coefficient masticatoire		Coefficient des travaux	
	H 25533412      21433552 00000000      00000000 D      G 00000000      00000000 35533411      11433553		Montant des soins	
	(Création, Remont, adjonction)		Date du devis	
	Fonctionnel, thérapeutique, nécessaire à la profession		Fin de	

<b>VOLET ADHERENT</b>	NOM : .....	Mle
DECLARATION N°	W18-371612	
Date de Dépôt	Montant engagé	Nbre de pièces Jointes
Durée de validité de cette feuille est de (3) trois mois		
Il est entendu que le règlement est conditionné par la fourniture de tous les justificatifs exigés par la Mutuelle		

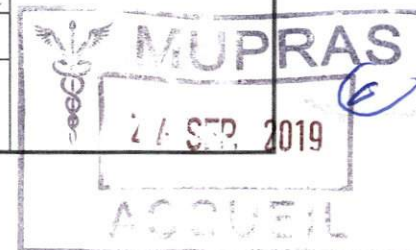


W18-371612

DATE DE DEPOT

19/09/2019

<b>A REMPLIR PAR L'ADHERENT</b>		Mle 11463
Nom & Prénom		DABIKAMAL
Fonction :	Leptechique	Phones: 0661766475
Mail :	KDABIK@royalairmaroc.com	
<b>MEDECIN</b>	Prénom du patient	
Adhérent <input type="checkbox"/>	Conjoint <input type="checkbox"/>	Enfant <input type="checkbox"/>
Age	Date 16/9/19	
Nature de la maladie	Date 1ère visite	
S'agit-il d'un accident : Causes et circonstances		
Nature des actes	Nbre de Coefficient	Montant détaillé des honoraires
PHARMACIE	Date 16/09/19	Montant de la facture
647100 3600		
<b>ANALYSES - RADIOGRAPHIES</b>		Date : .....
Désignation des Coefficients	Montant détaillé des Honoraires	
<b>AUXILIAIRES MEDICAUX</b>		
Date : .....		Montant détaillé des Honoraires
AM	PC	IM
IV		



# Docteur Otman TAZI

Ancien Médecin Interne des Hôpitaux de Toulouse-France au Service  
d'Endocrinologie et Maladies Métaboliques

Diplôme en Pathologie Hypothalamo Hypophysaire

Diplôme en Diabétologie

Diplôme en Nutrition Appliquée

Capacité de Traitement par Pompe à Insuline

Diplôme en Echographie

Holter Glycemique

PHARMACIE AKAFAT  
ASMOUN Samir  
Docteur en Pharmacie  
12, Rue ASSALAM Hay Al Houda  
BERRECHID  
Tél : 05 22 32 84 04

Casablanca le, 16/09/2019

Mr DAHBI Kamal

647,00

NovoRapid Flexpen

14 ui - 16 ui - 14 ui

LANTUS Solostar

36 ui le soir

Bandelettes

3 contrôles par jour

Traitement pour 03 mois

T: 647,00

PARA SAMALI  
48 RUE OUED MALWIA LOT BOURAHAL  
BERRECHID  
Tél : 05 22 32 61 19

PHARMACIE AKAFAT  
ASMOUN Samir  
Docteur en Pharmacie  
12, Rue ASSALAM Hay Al Houda  
BERRECHID  
Tél : 05 22 32 84 04

**Sté PARA SAMLALI**

**Parapharmacie & produits cosmétiques**

**Client : DAHBI KAMAL**

**16/09/2019**

**ICE :000091962000032**

**Facture N° :286/2019**

Désignation	Qté	P.U	Total
BANDELETTES ON CALL PLUS 50	3	120.00	360.00

**Montant TTC : 360.00**

**Dont TVA 20% : 60.00**

**ARRETEE LA PRESENTE FACTURE A LA SOMME DE : *trois cent soixante dhs***

  
**PARA SAMLALI**  
48 RUE OUED MALWIYA LOT BOURAHAL  
BERRECHID  
Tél : 05 22 32 61 19



**On-Call® P**

REF	G133-111,	REF
REF	G133-118,	REF

**PR**

The *On-Call® Plus* Blood Glucose Test Strips work with the *On-Call® Plus* Blood Glucose Meter. They work with the *On-Call® Plus* Blood Glucose Meter. The glucose concentration in whole blood is automatically absorbed into the test strip. An electrical current is formed during the reaction and the blood glucose concentration is based on the electrical current detected by the meter, then the result is shown on the meter display. The meters are calibrated to display plasma-like concentration results. For *in vitro* diagnostic use. Test strips are to be used only outside the body for testing purposes. For self-testing and professional use.

**INFO PHARMA**

10, Rue Boulmane Bourgogne  
Casablanca 20040 Morocco

Tel: + 212 5 22 22 34 07

+ 212 5 22 22 12 55

Fax: + 212 5 22 47 45 92

**COMPOSITION**

Each test strip contains the following reactive chemicals: Glucose oxidase < 25 IU, Mediator < 300 µg. Each test strip vial contains a drying agent.

**STORAGE AND HANDLING**

- Test strips should be stored in their protective vial. The vial's cap must be tightly closed. This is to keep the test strips in good working condition.
- Store test strips in a cool, dry place at room temperature, 2-35°C (36-95°F). Store them away from heat and direct sunlight.
- Do not freeze or refrigerate.
- To ensure accurate results, use the test strips at room temperature.
- Do not store the test strips outside their protective vial. Test strips must be stored in the original vial with the cap tightly closed.
- Do not store or use the test strips in a humid place such as a bathroom.
- Do not store the meter, the test strips or control solution near bleach or cleaners that contain bleach.
- Do not transfer the test strips to a new vial or any other container.
- Replace the vial cap immediately after removing a test strip.
- Use the test strip immediately after removing it from the vial.
- Do not use your test strips past the unopened expiration date printed on the vial. Using test strips past the expiration date may produce incorrect test results.

**Note:** All expiration dates are printed in Year-Month format. 2018-01 means January 2018.

- Use a new vial of test strips for only 6 months after opening. The opened vial expiration date is 6 months after the vial was first opened. Write the opened vial expiration date on the vial label after you open it.

**PRECAUTIONS**

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- **Avant d'insérer l'aiguille**, utilisez du savon et de l'eau pour nettoyer vos mains et la peau où l'aiguille est insérée pour éviter toute infection sur le site de perfusion.
- **Lorsque vous remplissez un nouveau réservoir**, veillez à ne pas laisser de grosses bulles d'air dans la seringue ou la tubulure.