

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



W16/068720

DATE DE DEPOT

...../...../201...

A REMPLIR PAR L'ADHERENT		Mle 03074
Nom & Prénom <u>EL AKRAMINE EL MASHKE</u>		
Fonction : <u>Retraité</u>	Phones	
Mail <u>elakramine@gmail.com</u>		
MEDECIN Prénom du patient <u>FATIMA</u>		
Adhérent ☐ Conjoint ☒ Enfant ☐	Age <u>01/27/1955</u>	Date <u>27.6.19</u>
Nature de la maladie <u>Affection ophtalmologique</u>		Date 1ère visite
S'agit-il d'un accident : Causes et circonstances		
Nature des actes	Nbre de Coefficient	Montant détaillé des honoraires
<u>contrôle</u>		<u>produit</u>
PHARMACIE Date		
Montant de la facture		
ANALYSES - RADIOGRAPHIES Date : <u>09.07.19</u>		
Désignation des Coefficients	Montant détaillé des Honoraires	
<u>oet K30</u>	<u>FC Swth</u>	
<u>oet K30</u>	<u>HM Swth</u>	
AUXILIAIRES MEDICAUX Date :		
Nombre		Montant détaillé des Honoraires
AM	PC	IM
		IV

Dr. BERRADA Mohammed
OPHTALMOLOGISTE
104, Bis Bd. Abdelmoumen, RDC ACAPULCO
Tel.: 0522 99 40 40 / 0522 99 40 41
E-mail: berrada.hamid@gmail.com

Dr. BERRADA Mohammed
OPHTALMOLOGISTE
104, Bis Bd. Abdelmoumen, RDC ACAPULCO
Tel.: 0522 99 40 40 / 0522 99 40 41
E-mail: berrada.hamid@gmail.com

Docteur Mohammed Berrada

Ophtalmologiste

Maladies et Chirurgie des yeux

Angiographie - Laser

Strabisme - Lentilles de Contact

Correction de la Myopie au Laser



الدكتور محمد برادة

أخصائي في أمراض وجراحة العيون

تصوير الأوعية - علاج بالليزر

الحول - العدسات اللاصقة

تصحيح الميopia بالليزر

Casablanca, le 27 JUIN 2019

EL AMRANI Fotino

OC glaucoma

OPHTALMOLOGISTE
DE CASABLANCA
Tél.: 0522 99 40 40 / Fax: 0522 25 11 15

Dr. BERRADA Mohammed
OPHTALMOLOGISTE
104, Bis Bd. Abdelmoumen, Rce ACAPULCO
Tél.: 0522 99 40 40 / 0522 99 40 41
E-mail: berrada.hamid@gmail.com

إقامة أكابولكو (فوق القرض العقاري السياحي) - 104، مكرر شارع عبد المومن البيضاء
Résidence Acapulco (au dessus C.I.H.) - 104 bis, Bd Abdelmoumen Casablanca
Tél.: 05 22 99 40 40/ 41 - الهاتف - E-mail : berrada.hamid@gmail.com

Docteur Mohammed Berrada

Ophthalmologiste

Maladies et Chirurgie des yeux

Angiographie - Laser

Strabisme - Lentilles de Contact

Correction de la Myopie au Laser



الدكتور محمد برادة

أخصائي في أمراض وجراحة العيون

تصوير الأوعية - علاج بالليزر

الحول - العدسات اللاصقة

تصحيح الميopia بالليزر

Casablanca, le 9.7.19

Compte - Rendu d'OCT

Patiente = EL AMPANI Fatima
Symptomatologie = Hypertonie oculaire

OCT =

papillaire = * excavation physiologique
* atteinte d'un faisceau temporal

supérieur papillaire OG

maculaire = * glg druses para-fovéolaires.

* absence d'atteinte de la couche
des cellules ganglionnaires

Dr. BERRADA Mohammed
OPHTHALMOLOGISTE

104, مكرر شارع عبد المومن البيضاء
Bis Bd Abdelmoumen, Rcc ACAPULCO
Résidence Acapulco (au dessus C.I.H.) - 104 bis, Bd Abdelmoumen Casablanca
Tél.: 05 22 99 40 40/ 41 - الهاتف - E-mail : berrada.hamid@gmail.com

**OPHTALMO CLINIQUE
DE CASABLANCA**



صحة العيون
للدرار البيضاء

Maladies et Chirurgie des yeux - Laser - Angiographie - Lentilles de Contact

Casablanca le : 0907/19

BON DE REGLEMENT

Reçu de M *EP Amrani Fatima*

La somme de : **Mille deux cent Dirhams**
1200 DHS

Pour : **O.C.T (K30) (FC+HM)**

Cachet et signature

[Signature]
OPHTALMO CLINIQUE
DE CASABLANCA
13, Rue des Papillons - Casablanca
Tél. : 0522 25 71 71 / 0522 25 11 15

Dr. BERRADA Mohammed
OPHTALMOLOGISTE
104, 81s Bd. Abdelmoumen, Rce ACAPULCO
Tél.: 0522 99 40 40 / 0522 99 40 41
Email: berrada.hamid@gmail.com

Urgence 24/24

ID : 1021

Ethnicity :

Technician :

Name: FATIMA EL AM RANI

Gender : Female

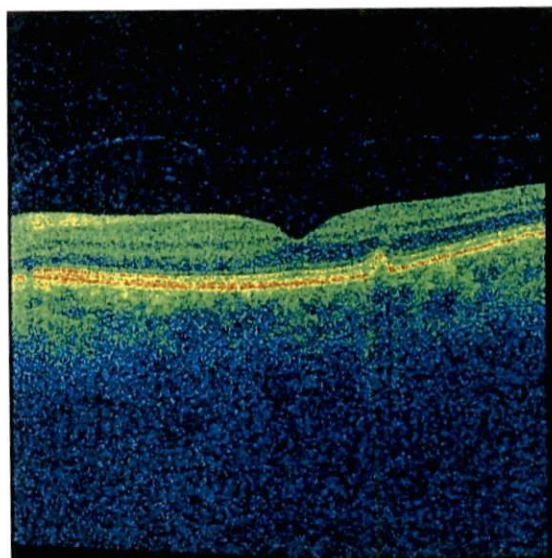
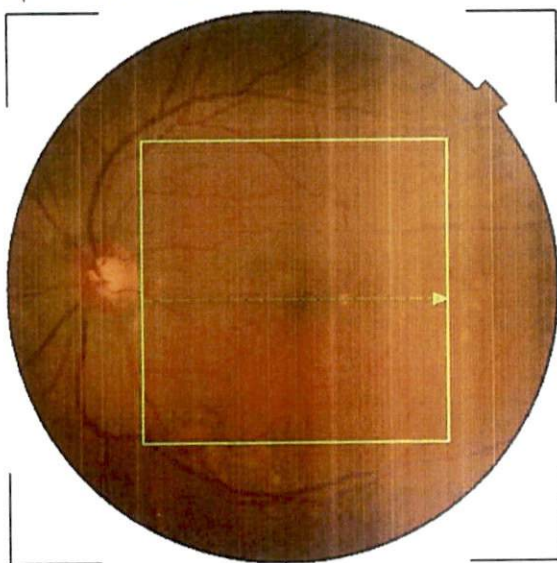
Fixation : OS(L) Macula

DOB : 01/01/1955 Age : 64

Scan : 3D(H)(NaN x NaNmm - 512 x 256)

OS(L)

TopQ Image Quality: **53** mode: Fine(2.0,7)
Capture Date: 09/07/2019

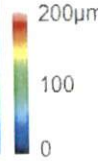
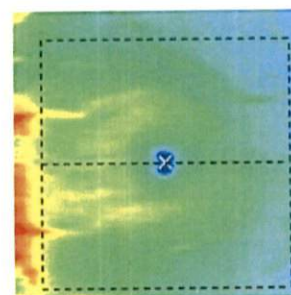
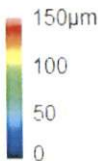
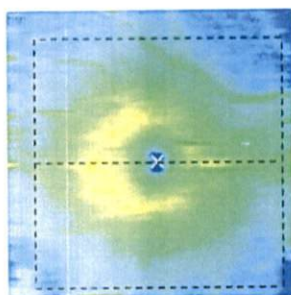
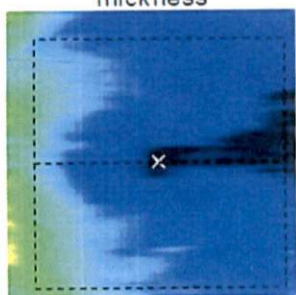


RNFL

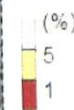
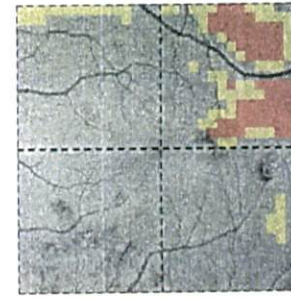
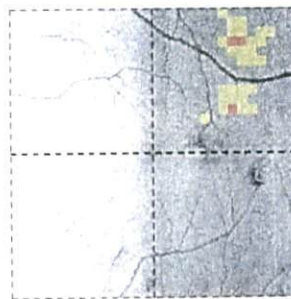
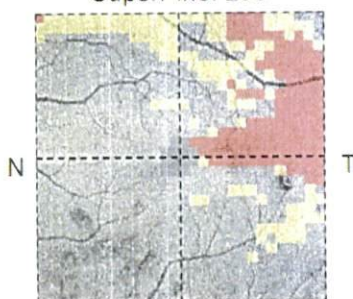
GCL+

GCL++

Thickness



SuperPixel-200

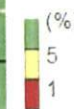


Average(6mm x 6mm)

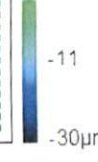
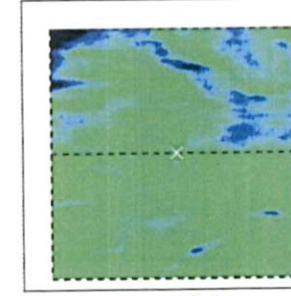
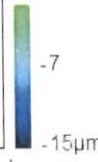
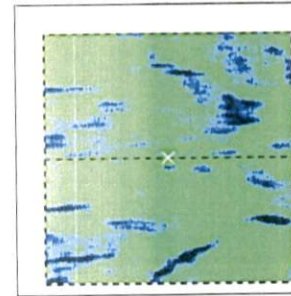
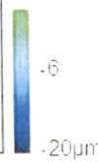
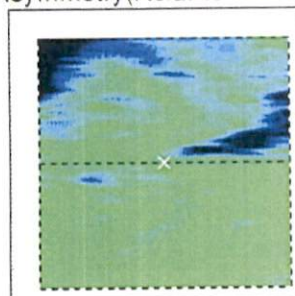
Superior	30 μm
Inferior	37 μm
Total	33 μm

Superior	65 μm
Inferior	65 μm
Total	65 μm

Superior	95 μm
Inferior	102 μm
Total	98 μm



Asymmetry(Relative Thinning)



Comments :

Signature :

Date :

ID : 1021

Ethnicity :

Technician :

Name : FATIMA EL AM RANI

Gender : Female

Fixation : OD(R) Macula

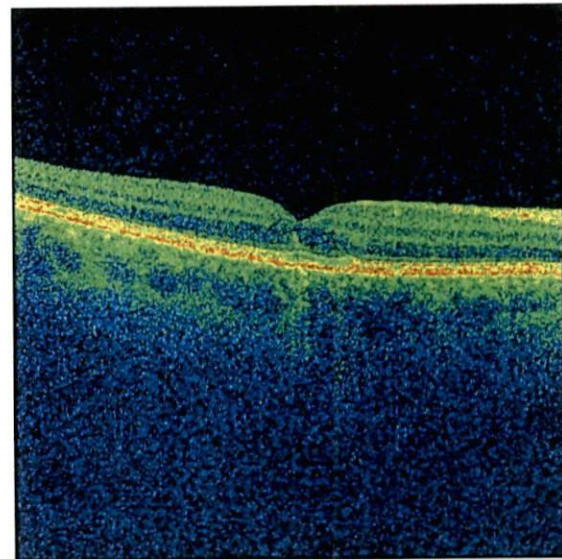
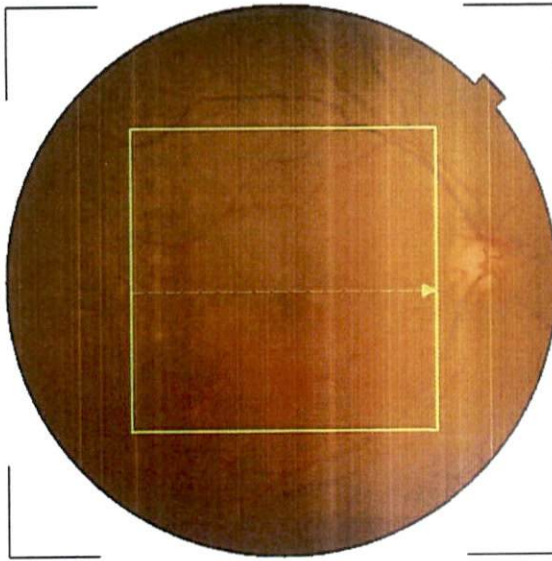
DOB : 01/01/1955

Age : 64

Scan : 3D(H)(NaN x NaNmm - 512 x 256)

OD(R)

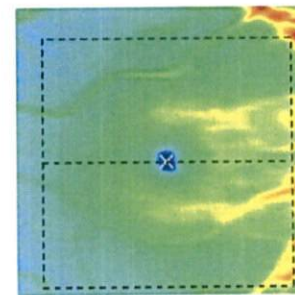
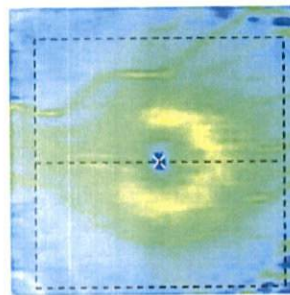
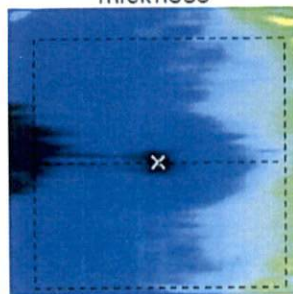
TopQ Image Quality: **56** mode: Fine(2.0.7)
Capture Date: 09/07/2019



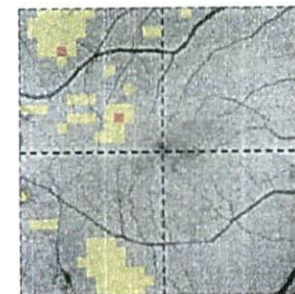
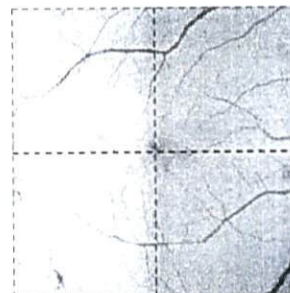
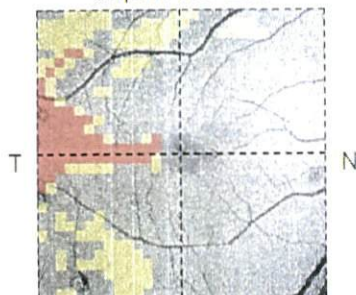
RNFL
Thickness

GCL+

GCL++



SuperPixel-200



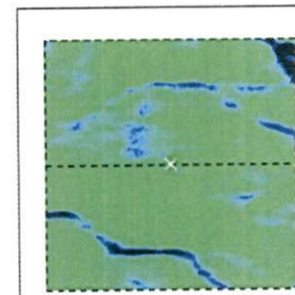
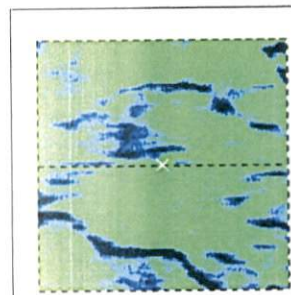
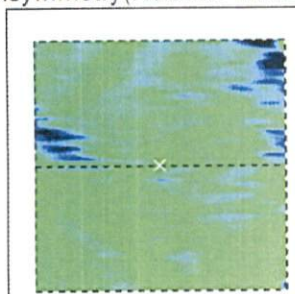
Average(6mm x 6mm)

Superior	33 μm
Inferior	36 μm
Total	35 μm

Superior	64 μm
Inferior	63 μm
Total	64 μm

Superior	97 μm
Inferior	99 μm
Total	98 μm

Asymmetry(Relative Thinning)



Comments :

Signature :

Date :

ID : 1021

Ethnicity :

Technician :

Name : FATIMA EL AM RANI

Gender : Female

Fixation : OD(R) Disc / OS(L) Disc

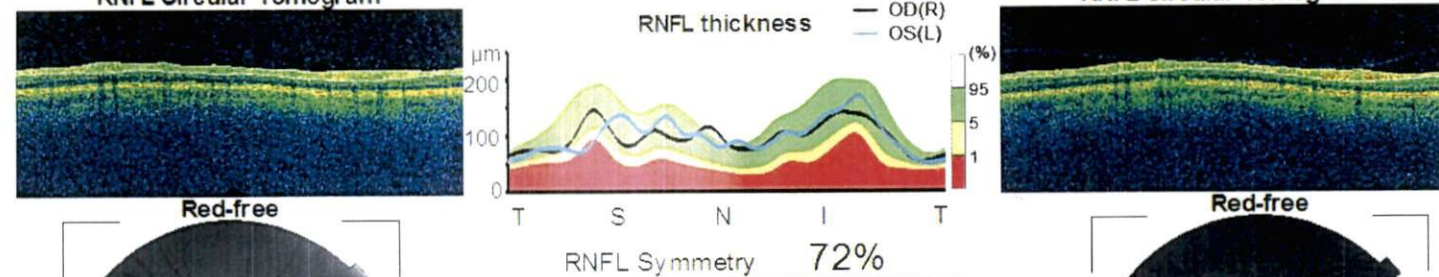
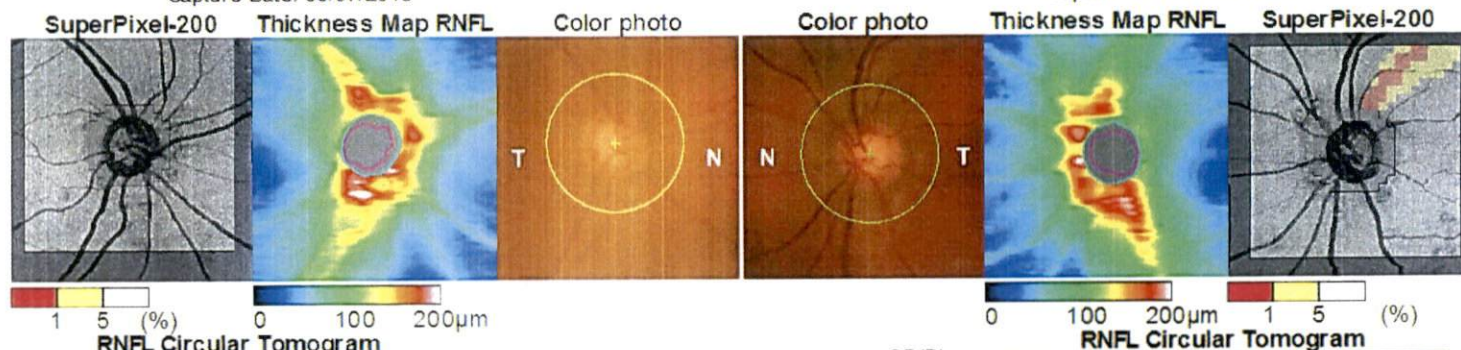
DOB : 01/01/1955 Age : 64 Scan : 3D(6.0 x 6.0mm - 512 x 256)

OD(R)TopQ Image Quality: **54** mode: Fine(2.0.7)

Capture Date: 09/07/2019

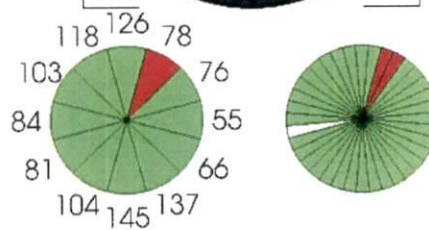
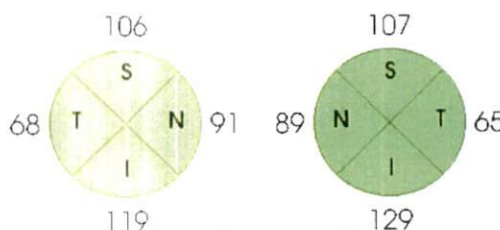
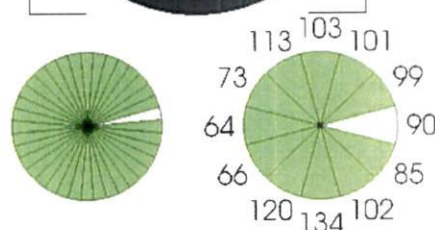
mode: Fine(2.0.7) TopQ Image Quality: **59**

Capture Date: 09/07/2019

OS(L)

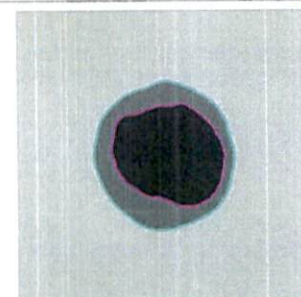
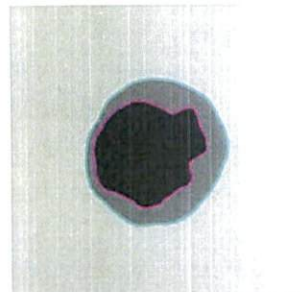
Average thickness RNFL(μm)

96	Total Thickness	98
106	Superior	107
119	Inferior	129



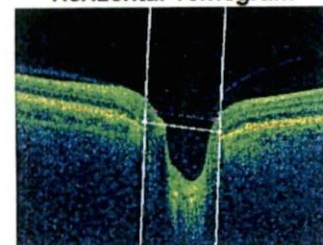
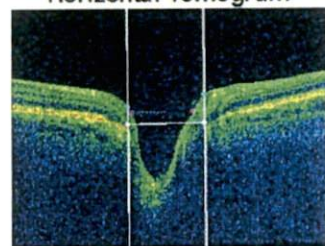
Disc Topography

0,73	Rim Area (mm ²)	0,73
1,69	Disc Area (mm ²)	1,67
0,75	Linear CDR	0,75
0,73	Vertical CDR	0,70
0,33	Cup Volume (mm ³)	0,33



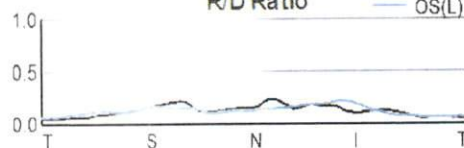
Horizontal Tomogram

Horizontal Tomogram



Disc margin — Cup margin —

R/D Ratio — OD(R) — OS(L)



Disc parameters are determined at the reference plane height of (OD(R) 120/OS(L) 120) μm from the RPE plane in this version.

Signature :

Date :

Comments :