MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000

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MEMBER DETAILS				BENEFIT DETAILS
MEMBER NAME	: RIZWAN PAZHAYA KOTTAL			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: MEDGULF - THE MEDITERRANEAN and GULF INSURANCE and REINSURANCE CO. B.S.C. (C) (DUBAI BRANCH)			
DHA MEMBER ID	:			
EID	: 784-1995-4758147-2	DOB	: 13-11-1995	
CARD NUMBER	: 097113910215632001	GENDER	: Male	
MOBILE NUMBER	: 0582514747	START DATE	: 14-06-24	
MEMBER NETWORK	: Silver Premium	END DATE	: 14-06-24	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

PC: Abdominal pain, diarrhea and nausea.

Also has high grade fever.

Said to have began after he consumed some food at the restaurants.

Has no other medical condition.

He is not a known hypertensive and not diabetic.

OBJECTIVE

Temp: 38.2 °C RR : 18 bpm PR : 76 BP : 120 bpm Weight : 84 kg

P L A N **PHARMACEUTICALS**

Code	Generic	Dosage	Duration	Instructions
5792-876903-0831	(GLUCOSE MONOHYDRATE : 2.97 G) (TRISODIUM CITRATE DIHYDRATE : 0.58 G) (POTASSIUM CHLORIDE : 0.3 G) (SODIUM CHLORIDE : 0.52 G) POWDER FOR SOLUTION	POWDER FOR SOLUTION (10 X 4.46G, SACHET)	3	Take 1Solution 1 Time(s) per Day For 3 Day(s) after meal
1516-107902-1171	(IBUPROFEN : 400 MG) TABLETS	TABLETS (24S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
0415-200001-1452	(LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	1	Take 2 capsules one time only and then take 1 capsule for every loose stool. DO NOT take more than 4 capsules in 24hours.
0067-116604-0391	(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
0054-103201-0391	(CIPROFLOXACIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal

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DIAGNOSTIC PROCEDURES

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Diagonosis:A09 - Infectious gastroenteritis and colitis, unspecified, R19.7 - Diarrhea, unspecified, R50.9 - Fever, unspecified, K29.00 - Acute gastritis without bleeding

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Treatments:96360, Intravenous infusion, hydration; initial, 31 minutes to 1 hour,0102-152902-1001, LACTATED RINGERS INJECTION USP,0005-149902-1021, CLOFEN ,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0005-242802-0781, PANTONIX 40MG I.V.,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count,9, GP Cons

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Facility Name: Irham Medical Center Arjan

Telephone No: 047700948

Physician's Name: Enomen Goodluck

Physician's Stamp &Signature:

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 20040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient Registered by: Irham Medical Center Arjan

Date and Time: 14-06-2024

Card Holder's Signature:

"I hereby authorize any MedNet personnel to access my medical file"

DISCLAIMER:

ALL SERVICES OUTSIDE PRE-APPROVAL PROTOCOL ARE SUBJECT TO RESTROSPECTIVE MEDICAL EVALUATION UPON CLAIM SUBMISSION. CLAIMS PROCESSING IS SUBJECT TO CONTRACTUAL TARIFF.

MedNet Claims Center: 600 546002 (24-hour hotline), Fax: 800 4883

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