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Dear Doctor : We are pleased that our member is consulting you for medical care and kindly ask you to complete this SOAP fo complying with all MedNet's Network procedures. Thank you

SUBJECTIVE

OBJECTIVE

CONSULTATION

ASSESSMENT

PHARMACEUTICALS

LEVOCETIRIZINE DIHYDROCHLORIDE,Tablet,5-, (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,TABLETS (14S, BLISTER PACK),7-, (ESOMEPRAZOLE : 20 MG) FILM COATED TABLETS,FILM COATED TABLETS (14S, BLISTER PACK),7-, (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,CAPLETS (24S, BOX),6-, (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE),SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE),1-

DIAGNOSTIC PROCEDURES

Fever, unspecified, Acute upper respiratory infection, unspecified, Cough, Acute tonsillitis, unspecified, Acute gastritis without bleeding

ICD10 code:

R50.9, J06.9, R05, J03.90, K29.00

Physician's Name: Humaira

Telephone No.: 0524244416

Date: 11-09-2024

STAMP

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

SIGNATURE

CARD HOLDER'S SIGNATURE

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