No.	

Payer : DUBAI INSURANCE COMPANY

Card No: 097113070279391902 valid until: 21-11-2024

Card Holders Name: AYZAL FATIMA BADAR IQBAL Mobile No: 0524244416

I.D No: ○ Identity Card ○ Passport ○ Labour Card ○ Other

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

(CEFIXIME : 100 MG/5ML) POWDER FOR SUSPENSION,POWDER FOR SUSPENSION (50ML, PLASTIC BOTTLE),10-, (IBUPROFEN : 100 MG/5ML) SUSPENSION,SUSPENSION (110ML, BOTTLE),4-, (CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL),SOLUTION (ORAL) (75ML, BOTTLE),10-

DIAGNOSTIC PROCEDURES

Acute upper respiratory infection, unspecified, Nasal congestion, Fever, unspecified

ICD10 code:

J06.9, R09.81, R50.9

Physician's Name: Enomen Goodluck

Telephone No.: 1234567

Date: 11-09-2024

STAMP

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

SIGNATURE

CARD HOLDER'S SIGNATURE

"I hereby authorise any MedNet personnel to access my medic

Distribution: White to Physician, Pink to Pharmacy, Yellow to Diagnostic Center/ Laboratory, Green to Cardholder

MedNet Claims Center: 800 4882 (24-hour hotline), Fax: 800 4883
E-mail: medicalunit@mednet-uae.com
Contains Confidential Medical Information. Not To Be Handled By Unauthorized personne