No.	

Payer : Orient Insurance PJSC

Card No: 097110500338311102 valid until: 10-04-2025

Card Holders Name: IKRAM ABDELHAKIMI Mobile No: 0557322953

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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-, (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,CAPLETS (24S, BOX),6-, (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN),CAPSULES (HARD GELATIN) (14S, BLISTER),7-, (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE),SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE),1-, (AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP,SYRUP (120ML, GLASS BOTTLE),30-, (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,FILM COATED TABLETS (6S, BLISTER),7-, (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,FILM COATED TABLETS (10S, BLISTER PACK),5-

DIAGNOSTIC PROCEDURES

Fever, unspecified, Acute upper respiratory infection, unspecified, Allergic rhinitis, unspecified, Cough, Acute gastritis without bleeding

ICD10 code:

R50.9, J06.9, J30.9, R05, K29.00

Physician's Name: Humaira

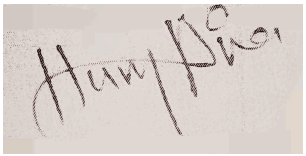
Telephone No.: 0524244416

Date: 12-09-2024

STAMP

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

SIGNATURE



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