No.	

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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

(FLUTICASONE PROPIONATE : 125 MCG/DOSE) (FORMOTEROL FUMARATE : 5MCG/DOSE) AEROSOL INHALER,AEROSOL INHALER (120 DOSE, METERED DOSE INHALER),60-, (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS,FILM COATED TABLETS (28S, BLISTER PACK),30-, (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,POWDER FOR SOLUTION (9S, SACHET),30-, (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,TABLETS (14S, BLISTER PACK),7-, (ZOLMITRIPTAN : 2.5 MG) COATED TABLETS,COATED TABLETS (6S, BLISTER PACK),14-, (ETORICOXIB : 90 MG) FILM COATED TABLETS,FILM COATED TABLETS (28S, BLISTER PACK),30-, (ACICLOVIR : 400 MG) TABLETS,TABLETS (25S, BLISTER),14-, (CALCIPOTRIOL : 50 MCG/G) (BETAMETHASONE (AS DIPROPIONATE) : 0.5 MG/G) GEL,GEL (60G, HDPE BOTTLE),60-

DIAGNOSTIC PROCEDURES

Low back pain, Urinary tract infection, site not specified, Abdominal migraine, not intractable, Herpesviral infection, unspecified, Mild intermittent asthma, uncomplicated

ICD10 code:

M54.5, N39.0, G43.D0, B00.9, J45.20

Physician's Name: AHSAN HUSSAIN

Telephone No.: 0521644729

Date: 12-09-2024

STAMP

Dr. Ahsan Hussain
General Practitioner
DHA No: 87543658-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

SIGNATURE

CARD HOLDER'S SIGNATURE

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