

No.

Payer : DUBAI INSURANCE COMPANY

Card No: 097113330351888202 valid until: 08-10-2024

Card Holders Name: KANYA KALI Mobile No: 0555794604

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 form complying with all MedNet's Network procedures. Thank you

SUBJECTIVE

OBJECTIVE

CONSULTATION

ASSESSMENT

PHARMACEUTICALS

(MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE)
NASAL SPRAY,NASAL SPRAY (120 DOSE, PUMP SPRAY),7-,
(PREDNISOLONE : 20 MG) TABLETS,TABLETS (20S, BLISTER PACK),7-,
(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG)
(PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,FILM COATED
TABLETS (20S, BLISTER PACK),10-, (AZITHROMYCIN : 500 MG) FILM
COATED TABLETS,FILM COATED TABLETS (6S, BLISTER),5-, (CELECOXIB
: 200 MG) CAPSULES,CAPSULES (10S, BLISTER PACK),5-,
(SUMATRIPTAN (AS SUCCINATE) : 100 MG) FILM COATED
TABLETS,FILM COATED TABLETS (2S, BLISTER PACK),2-

DIAGNOSTIC PROCEDURES

Migraine w/o aura, not intractable, w/o status migrainosus, Acute
upper respiratory infection, unspecified, Acute maxillary sinusitis,
unspecified, Acute frontal sinusitis, unspecified, Nasal congestion

ICD10 code:

G43.009, J06.9, J01.00, J01.10, R09.81

Physician's Name: Enomen Goodluck

STAMP

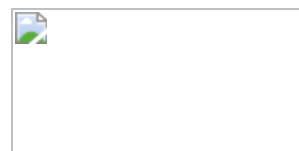
Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

SIGNATURE



Telephone No.: 1234567

Date: 19-09-2024



CARD HOLDER'S SIGNATURE

"I hereby authorise any MedNet personnel to access my medical records"

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 personnel