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 fo 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

Telephone No.: 1234567

Date: 19-09-2024

STAMP

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

SIGNATURE

CARD HOLDER'S SIGNATURE

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