No.

Payer : TAKAFUL EMARAT

Card No: 097112730243880002 valid until: 03-03-2025

Card Holders Name: AMNA JEHANZEB BADAR IQBAL Mobile No: 0524450630

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

SUBJECTIVE	OBJECTIVE
CONSULTATION	**ASSESSMENT**

PHARMACEUTICALS

(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,FILM COATED TABLETS (10S, BLISTER PACK),10-, (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,TABLETS (14S, BLISTER PACK),7-, (ESOMEPRAZOLE : 20 MG) FILM COATED TABLETS,FILM COATED TABLETS (14S, BLISTER PACK),7-, (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,CAPLETS (24S, BOX),6-, (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,SYRUP (200ML, BOTTLE),1-

DIAGNOSTIC PROCEDURES	ICD10 code:
Acute upper respiratory infection, unspecified, Fever, unspecified, Cough, Allergic rhinitis, unspecified, Acute gastritis without bleeding	**J06.9, R50.9, R05, J30.9, K29.00**

Physician's Name: Humaira

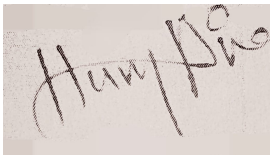
Telephone No.: 0524244416

Date: 20-09-2024

STAMP

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

SIGNATURE



CARD HOLDER'S SIGNATURE

"I hereby authorise any MedNet personnel to access my m

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