MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000

mednet
The preferred choice for healthcare solutions

MEMBER DETAILS				BENEFIT DETAILS
MEMBER NAME	: AWAIS AKHTAR SHAMRAIZ AKHTAR			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: Orient Insurance PJSC			
DHA MEMBER ID	:			
EID	: 784-1993-0819264-2	DOB	: 07-10-1993	
CARD NUMBER	: 097110500338312101	GENDER	: Male	
MOBILE NUMBER	: 0562357257	START DATE	: 21-09-24	
MEMBER NETWORK	: Silver Premium	END DATE	: 21-09-24	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

PC: Feeling of burning sensation on both feets.

Duration: 2weeks.

Not a known diabetic and not hypertensive.

neurobion injection advised.

OBJECTIVE

Temp: 37.3 °C RR : 18 bpm PR : 77 BP : 132 bpm Weight : 94.6 kg

P PHARMACEUTICALS

	Code	Generic	Dosage	Duration	Instructions
L	0090-122303-0392	(ETORICOXIB : 90 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	28	Take 1Tablets 1Time(s) perDay For 28 Day(s) after meal
A	1217-373201-2401	(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	15	Take 1Tablets 2 Time(s) per Day For 15 Day(s) after meal
	0005-106601-0052	(PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BLISTER PACK)	5	Take 2Tablets 3 Time(s) per Day For 5 Day(s) others
N	0321-100604-1171	(VITAMIN B12 : 200 MCG) (THIAMINE (VITAMIN B1) : 100 MG) (PYRIDOXINE (VITAMIN B6) : 200 MG) TABLETS	TABLETS (20S, BLISTER PACK)	30	Take 1Tablets 1Time(s) perDay For 30 Day(s) evening

P DIAGNOSTIC PROCEDURES

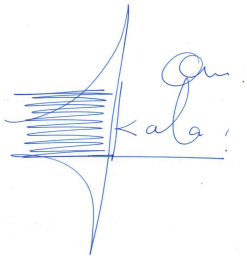
L **Diagonosis:**M79.2 - Neuralgia and neuritis, unspecified, R20.2 - Paresthesia of skin, E11.610 - Type 2 diabetes mellitus w diabetic neuropathic arthropathy, I73.9 - Peripheral vascular disease, unspecified, M54.5 - Low back pain

A	**Treatments:**9, Consultation - GP,83036, Hemoglobin; glycosylated (A1C),82947, Glucose; quantitative, blood (except reagent strip),96365, IV INFUSION THERAPY -Antibiotics & Others,INJ014, INJ-NEUROBION VITAMIN B GROUPS,85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count,86140, C-reactive protein
N	

Facility Name:CITICARE MEDICAL CENTER LLC

Telephone No: 047700948

Physician's Name: Enomen Goodluck



Physician's Stamp &Signature:

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

Patient Registered by:CITICARE MEDICAL CENTER LLC

Date and Time: 21-09-2024

Card Holder's Signature:

"I hereby authorize any MedNet personnel to access my medical file"

DISCLAIMER:

ALL SERVICES OUTSIDE PRE-APPROVAL PROTOCOL ARE SUBJECT TO RESTROSPECTIVE MEDICAL EVALUATION UPON CLAIM SUBMISSION. CLAIMS PROCESSING IS SUBJECT TO CONTRACTUAL TARIFF.

MedNet Claims Center: 600 546002 (24-hour hotline), Fax: 800 4883

E-mail: mcc@mednet.com

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