No.

Payer : TAKAFUL EMARAT

Card No: 097113870347764401 valid until: 04-07-2025

Card Holders Name: PREMKUMAR KAIPPURATHU Mobile No: 0502561667

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

(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,TABLETS (14S, BLISTER PACK),7-, (CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS,TABLETS (24S, BLISTER PACK),7-, CETIRIZINE HCL,Tablet,5-, (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS,FILM COATED TABLETS (28S, BLISTER PACK),14-

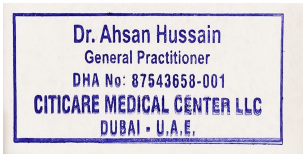
DIAGNOSTIC PROCEDURES	
Acute upper respiratory infection, unspecified, Acute nasopharyngitis [common cold], Low back pain, Muscle spasm of back, Gastro-esophageal reflux disease without esophagitis, Diabetes with stable prolif diabetic retinopathy, bilateral, Type 2 diabetes mellitus with hyperglycemia	**ICD10 code:** **J06.9, J00, M54.5, M62.830, K21.9, E08.3553, E11.65**

Physician's Name: AHSAN HUSSAIN

Telephone No.: 0521644729

Date: 24-09-2024

STAMP



SIGNATURE

CARD HOLDER'S SIGNATURE

"I hereby authorise any MedNet personnel to access my me

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 personne