

No.

Payer : Islamic Arab Insurance Co. (P.S.C.)

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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**

(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT),30-, (FLUTICASONE PROPIONATE : 125 MCG/DOSE) (FORMOTEROL FUMARATE : 5MCG/DOSE) AEROSOL INHALER,AEROSOL INHALER (120 DOSE, METERED DOSE INHALER),60-, (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,POWDER FOR SOLUTION (9S, SACHET),30-, (DICLOFENAC SODIUM : 140 MG) PLASTER,PLASTER (10 (14CM X 10CM), PACK),30-, (PANTOPRAZOLE (AS SODIUM) : 40 MG) GASTRO-RESISTANT TABLETS,GASTRO-RESISTANT TABLETS (15S, BLISTER PACK),30-, (CALCIPOTRIOL : 50 MCG/G) (BETAMETHASONE (AS DIPROPIONATE) : 0.5 MG/G) GEL,GEL (60G, HDPE BOTTLE),60-, (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS, TABLETS (14S, BLISTER PACK),14-, (ACYCLOVIR : 5%) CREAM,CREAM (2G , PUMP PACK),30-, (ACYCLOVIR : 200 MG) TABLETS, TABLETS (25S, BLISTER PACK),14-

DIAGNOSTIC PROCEDURES

Mild intermittent asthma, uncomplicated, Psoriasis, unspecified, Tinea pedis, Low back pain, Gastro-esophageal reflux disease without esophagitis, Herpesviral infection, unspecified

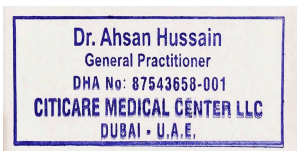
ICD10 code:

J45.20, L40.9, B35.3, M54.5, K21.9, B00.9

Physician's Name: AHSAN HUSSAIN

Telephone No.: 0521644729

Date: 11-10-2024

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CARD HOLDER'S SIGNATURE

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