

MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000

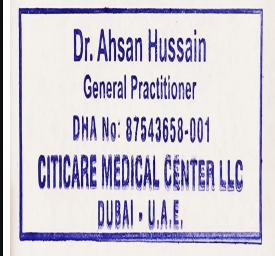


MEMBER DETAILS		BENEFIT DETAILS			
MEMBER NAME : Omar Mohamed Kasep Alshammout INSURANCE PLAN : ORIENT INSURANCE P.J.S.C DHA MEMBER ID : EID : 784-1994-6519366-4 DOB : 03-03-1994 CARD NUMBER : 097110040335715601 GENDER : Male MOBILE NUMBER : 0521269013 START DATE : 14-10-24 MEMBER NETWORK : Silver Premium END DATE : 14-10-24		Please follow benefits list for other deductible/copayme			
PRE-APPROVAL PROTOCOL: Please follow standard MedNet approval protocols					
SUBJECTIVE PC:PAIN IN LEFT LEG AND SHOULDER LEFT					
OBJECTIVE					
Temp: 36 °C RR : 18 bpm PR : 66 BP : 128 bpm Weight : 69.6 kg					
P PHARMACEUTICALS					
L A N	Code	Generic	Dosage	Duration	Instructions
	2093-596002-0432	(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	14	Take 1Gel 2Time(s) p 14 Day(s) others
	0278-107902-0391	(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	7	Take 1Tablets 2 Time For 7 Day(s) others
	1217-373201-2401	(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	7	Take 1Tablets 2 Time For 7 Day(s) others
P DIAGNOSTIC PROCEDURES					
L	Diagnosis:M25.512 - Pain in left shoulder, M79.605 - Pain in left leg, M62.838 - Other muscle spasm				
A	Treatments:9, Consultation Gp				
N					
Facility Name:CITICARE MEDICAL CENTER LLC Telephone No: 047700948			Patient Registered by:CITICARE MEDICAL CENTER LLC Date and Time: 14-10-2024		

Physician's Name: AHSAN HUSSAIN



Physician's Stamp & Signature:



Card Holder's Signature:



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

DISCLAIMER:

ALL SERVICES OUTSIDE PRE-APPROVAL PROTOCOL ARE SUBJECT TO RESTROSPECTIVE MEDICAL EVALUATION UPON 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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