Patient | 44532 | IMTIAZ ABBASI | 784-1988-7275073-6 | First Time | 36 | Male

Pakistani | D | MEDNET GREEN - ORIENT INSURANCE P.J.S.C - Default Scheme (99999)

Medical History (patient_history.aspx?patId=54569) | Billing History (patient_accounts.aspx?patId=54569)

Appointment | Visit ID 53771 | 15-Oct-2024 | AHSAN HUSSAIN - General - DHA-P-87543658

MRN Activities(Log) | Insurance Cards | EMID Card

Vitals Alert This Patient has Vitals for Temp: 36.6°C, Pulse: 76bpm, BP: 128mmHg, Height: 166cm, Weight: 73.9kg, BMI 26.82(Obese), Blood Sugar

DHA Requirment : Ma

Start Time | Nurse Station | Doctor Evaluation | Orthopedic Case Assessment | Diagnosis | Treatments/Procedures | Packages | Prescription | Reimbursement Forms | Documents | Progress Notes | Addendum | MEDNET REIMBURSEMENT FORM | MEDNET CLAIM FORM | MEDNET GLOBAL CLAIM FORM | Other Forms | Sick Leave | End Time | Visit Summary Sheet | Nabidh Clinical Docs | Audit Log | Radiology | Laboratory | Health Declaration | Signed Documents | Image Comparison

No.	

Payer :	ORIENT INSURANCE P.J.S.C		
Card No:	097110040280913601	valid until:	31-12-2024
Card Holders Name:	IMTIAZ ABBASI	Mobile No:	0563349308
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 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),30-, (ACYCLOVIR : 200 MG) TABLETS,TABLETS (25S, BLISTER PACK),14-, (ACYCLOVIR : 5%) CREAM,CREAM (2G , PUMP PACK),30-

DIAGNOSTIC PROCEDURES

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

ICD10 code:

J45.20, M54.5, K21.9, B00.9