
Patient 42616 OMER A. R. B. AHMED 784-1983-5832637-3 Repeat 41
Male Sudanese S MEDNET GREEN - ORIENT INSURANCE P.J.S.C - Default Scheme (99999)
Medical History (patient_history.aspx?patId=52653)
Billing History (patient_accounts.aspx?patId=52653)

Appointment Visit ID 53859 17-Oct-2024 AHSAN HUSSAIN - General - DHA-P-87543658
MRN Activities(Log) Insurance Cards EMID Card

Vitals Alert This Patient has Vitals for Temp: 36.2°C, Pulse: 61bpm, BP: 123mmHg, Height: 170cm, Weight: 57kg, BMI 19.72(Obese), Blood Sugar

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.

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|---|---|---|---|
| Payer : | ORIENT INSURANCE P.J.S.C | | |
| Card No: | 097110040086044901 | valid until: | 31-12-2024 |
| Card Holders Name: | OMER A. R. B. AHMED | Mobile No: | 509185903 |

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),29-, (TIOTROPIUM BROMIDE : 18 MCG) CAPSULES (HARD GELATIN) FOR INHALATION (DRY POWDER),CAPSULES (HARD GELATIN) FOR INHALATION (DRY POWDER) (30S + 1, BLISTER + HANDIHALER DEVICE),30-, (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,POWDER FOR SOLUTION (30S, SACHET),30-, (DICLOFENAC SODIUM : 100 MG) COATED TABLETS,COATED TABLETS (30S, BLISTER PACK),30-, (DEXLANSOPRAZOLE : 60 MG) MODIFIED RELEASE CAPSULES,MODIFIED RELEASE CAPSULES (14S, 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**