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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 SOA 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	ICD10 code:
Mild intermittent asthma, uncomplicated, Low back pain, Gastro-esophageal reflux disease without esophagitis, Herpesviral infection, unspecified	**J45.20, M54.5, K21.9, B00.9**

Physician's Name: AHSAN HUSSAIN

Telephone No.: 0521644729

Date: 17-10-2024

STAMP

Dr. Ahsan Hussain
General Practitioner
DHA No: 87543658-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

SIGNATURE

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