

No.

Payer : MEDGULF - THE MEDITERRANEAN and GULF
INSURANCE and REINSURANCE CO. B.S.C. (C) (DUBAI
BRANCH)

Card No: 097111450271488101 valid until: 26-11-2024

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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 SOAP form complying with all MedNet's Network procedures. Thank you

SUBJECTIVE**OBJECTIVE****CONSULTATION****ASSESSMENT****PHARMACEUTICALS**

(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG)
(PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS, FILM COATED
TABLETS (20S, BLISTER PACK), 10-, (IBUPROFEN : 150 MG)
(PARACETAMOL : 500 MG) FILM COATED TABLETS, FILM COATED
TABLETS (16S, BLISTER), 4-, (BENZOCAINE : 6 MG) (MENTHOL : 10
MG) LOZENGES, LOZENGES (18S, BLISTER PACK), 5-

DIAGNOSTIC PROCEDURES

Acute upper respiratory infection, unspecified, Pain in throat, Fever,
unspecified, Headache, unspecified

ICD10 code:

J06.9, R07.0, R50.9, R51.9

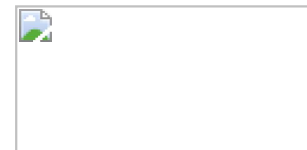
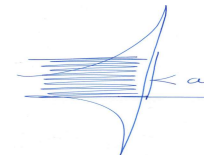
Physician's Name: Enomen Goodluck

Telephone No.: 1234567

Date: 17-10-2024

STAMP

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

SIGNATURE

CARD HOLDER'S SIGNATURE

"I hereby authorise any MedNet personnel to
medical file"

Distribution: White to Physician, Pink to Pharmacy, Yellow to Diagnostic Center/ Laboratory, Green to Cardholder

MedNet Claims Center: 800 4882 (24-hour hotline), Fax: 800 4883

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