

No.

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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 SOAP form 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-, (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 (9S, 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 : 5%) CREAM,CREAM (2G , PUMP PACK),30-, (ACYCLOVIR : 200 MG) TABLETS,TABLETS (25S, BLISTER PACK),30-

DIAGNOSTIC PROCEDURES

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

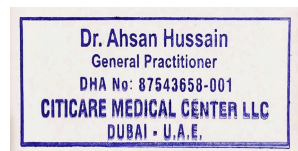
ICD10 code:

J45.20, L40.9, B35.3, K21.9, B00.9, M54.5

Physician's Name: AHSAN HUSSAIN

Telephone No.: 0521644729

Date: 17-10-2024

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CARD HOLDER'S SIGNATURE

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