No.	

Payer : DUBAI INSURANCE COMPANY

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Card Holders Name: Ma Bernadette Ingeniero Mina Mobile No: 0554135167

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 fc complying with all MedNet's Network procedures. Thank you

SUBJECTIVE	OBJECTIVE

CONSULTATION	ASSESSMENT

PHARMACEUTICALS

DIAGNOSTIC PROCEDURES	
Mixed hyperlipidemia, Essential (primary) hypertension, Gastro-esophageal reflux disease without esophagitis, Type 2 diabetes mellitus with unspecified complications, Acute bronchitis, unspecified, Low back pain	**ICD10 code:** **E78.2, I10, K21.9, E11.8, J20.9, M54.5**

Physician's Name: Enomen Goodluck

Telephone No.: 1234567

Date: 19-10-2024

STAMP

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

SIGNATURE

CARD HOLDER'S SIGNATURE

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