

MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000



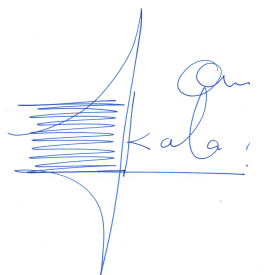
MEMBER DETAILS		BENEFIT DETAILS			
MEMBER NAME : MOHAMED HUSSAIN MAHGOUB MOHAMED INSURANCE PLAN : TAKAFUL EMARAT DHA MEMBER ID : EID : 784-1989-4800773-1 DOB : 28-11-1989 CARD NUMBER : 097112730346279901 GENDER : Male MOBILE NUMBER : 0559534717 START DATE : 30-10-24 MEMBER NETWORK : Silver Premium END DATE : 30-10-24		Please follow benefits list for other deductible/copayme			
PRE-APPROVAL PROTOCOL: Please follow standard MedNet approval protocols					
SUBJECTIVE					
PC: Difficulty breathing since last night but said to be progressively increasing. He is a known asthmatic uses ventolin inhaler occasionally but has used in a long while Has slight cough, No fever, no chest pain and no wheezing.					
OBJECTIVE					
Temp: 36.4 °C RR : 18 bpm PR : 70 BP : 113 bpm Weight : 89 kg					
P PHARMACEUTICALS					
L	Code	Generic	Dosage	Duration	Instructions
	0005-119803-1171	(PREDNISOLONE : 20 MG TABLETS	TABLETS (20S, BLISTER PACK	7	Take 1Tablets 1 Time For 7 Day(s) evening
	0090-265901-1171	(MONTELUKAST : 10 MG) TABLETS	TABLETS (28S, BLISTER PACK)	28	Take 1Tablets 1Time(For 28 Day(s) evening
N	0006-124507-1392	(SALBUTAMOL : 100 MCG) AEROSOL INHALER	AEROSOL INHALER (200 DOSE, BLISTER IN DISKUS)	30	Take 2Puff 1Time(s) p 30 Day(s) others
P DIAGNOSTIC PROCEDURES					
L	Diagonosis: J45.21 - Mild intermittent asthma with (acute) exacerbation, R06.00 - Dyspnea, unspecified				

A **Treatments:**94640, Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induct diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure brea device),0188-135906-2441, PULMICORT,0006-402803-2071, VENTOLIN NEBULES,85025, Blood count; complete (CBC), au (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count,86140, C-reactive protein;,9, Consultation
N

Facility Name:CITICARE MEDICAL CENTER LLC

Telephone No: 047700948

Physician's Name: Enomen Goodluck



Physician's Stamp &Signature:



Patient Registered by:CITICARE MEDICAL CENTER LLC

Date and Time: 30-10-2024



Card Holder's Signature:

"I hereby authorize any MedNet personnel to access m file"

DISCLAIMER:

ALL SERVICES OUTSIDE PRE-APPROVAL PROTOCOL ARE SUBJECT TO RESTROSPECTIVE MEDICAL EVALUATION UPON CLAIM SI CLAIMS PROCESSING IS SUBJECT TO CONTRACTUAL TARIFF.

MedNet Claims Center: 600 546002 (24-hour hotline), Fax: 800 4883

E-mail: mcc@mednet.com

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