No.	

Payer : National Life And General Insurance

Card No: 097111700264324802 valid until: 03-08-2025

Card Holders Name: JANE FLORES Mobile No: 0502322846

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

SUBJECTIVE	OBJECTIVE

CONSULTATION	ASSESSMENT

PHARMACEUTICALS

(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,FILM COATED TABLETS (10S, BLISTER PACK),5-, (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,TABLETS (14S, BLISTER PACK),7-, (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES,DELAYED RELEASE CAPSULES (30S, CONTAINER,7-, (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,CAPLETS (24S, BOX),6-, (DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE,SYRUP (SUGAR FREE (120ML, BOTTLE,1-

DIAGNOSTIC PROCEDURES	ICD10 code:
Acute upper respiratory infection, unspecified, Allergic rhinitis, unspecified, Fever, unspecified, Cough, Acute gastritis without bleeding	**J06.9, J30.9, R50.9, R05, K29.00**

Physician's Name: Humaira

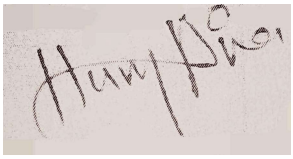
Telephone No.: 0524244416

Date: 22-11-2024

STAMP

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

SIGNATURE



CARD HOLDER'S SIGNATURE

"I hereby authorise any MedNet personnel to access my me

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

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