

No.

Payer : National Life And General Insurance

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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 SOA 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

Acute upper respiratory infection, unspecified, Allergic rhinitis, unspecified, Fever, unspecified, Cough, Acute gastritis without bleeding

ICD10 code:

J06.9, J30.9, R50.9, R05, K29.00

Physician's Name: Humaira

Telephone No.: 0524244416

Date: 22-11-2024

STAMP**SIGNATURE**

CARD HOLDER'S SIGNATURE

"I hereby authorise any MedNet personnel to access my

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

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