No.	

Payer :	AMERICAN LIFE INSURANCE COMPANY		
Card No:	I013-036-120219809-01	valid until:	04-12-2024
Card Holders Name:	HABEEB MOHAMMED MOHAMMED MAQBOOL	Mobile No:	0542045155
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-, (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,CAPLETS (24S, BOX),6-, (AZITHROMYCIN : 500 MG FILM COATED TABLETS,FILM COATED TABLETS (3S, BLISTER,7-, (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES,DELAYED RELEASE CAPSULES (30S, CONTAINER,7-, (TRIKATU : 2.5 MG/5 ML) (ADHATODA VASICA : 20 MG/5ML) (GLYCYRRHIZA GLABRA : 20 MG/5ML) (ZINGIBER OFFICINALE : 5 MG/5ML) (OCIMUM SANCTUM : 20 MG/5ML) (SOLANUM XANTHOCARPUM : 6.25MG/5ML) (MENTHA SYLVESTRIS : 3 MG/5ML) SYRUP,SYRUP (100ML, PLASTIC BOTTLE),1-

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

Physician's Name: Humaira

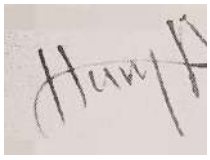
Telephone No.: 0524244416

Date: 24-11-2024

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 acce file"

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

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