MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000

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The preferred choice for healthcare solutions

MEMBER DETAILS				BENEFIT DETAILS
MEMBER NAME	: SANU SADAN SADAN			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: Orient Insurance PJSC			
DHA MEMBER ID	:			
EID	: 784-1990-8595483-4	DOB	: 06-08-1990	
CARD NUMBER	: 097110500337153101	GENDER	: Male	
MOBILE NUMBER	: 0509239341	START DATE	: 25-11-24	
MEMBER NETWORK	: Silver Premium	END DATE	: 25-11-24	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

co fever on and off running nose productive cough 19th nov. 2024

oe chest is congested no added sounds

restless

smoker alcohlic

OBJECTIVE

Temp: 36.5 °C RR : 18 bpm PR : 86 BP : 120 bpm Weight : 79 kg

P PHARMACEUTICALS

	Code	Generic	Dosage	Duration	Instructions
L	0005-116702-2481	(DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE	SYRUP (SUGAR FREE (120ML, BOTTLE	1	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal
	6445-533801-1561	(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES	DELAYED RELEASE CAPSULES (30S, CONTAINER	7	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others
A	0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	Take 1Tablets 2 Time(s) per Day For 6 Day(s) others
	0097-127405-0391	(AZITHROMYCIN : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others
N	0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablet at night

P **DIAGNOSTIC PROCEDURES**

L **Diagonosis:**J06.9 - Acute upper respiratory infection, unspecified, J30.9 - Allergic rhinitis, unspecified, R05 - Cough, R50.9 - Fever, unspecified, K29.00 - Acute gastritis without bleeding

A **Treatments:**85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count,86140, C-reactive protein,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device,9, Consultation - GP

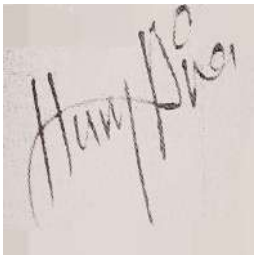
N

Facility Name:CITICARE MEDICAL CENTER LLC

Telephone No: 047700948

Physician's Name: Humaira

Physician's Stamp &Signature:



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

Patient Registered by:CITICARE MEDICAL CENTER LLC

Date and Time: 25-11-2024

Card Holder's Signature:

"I hereby authorize any MedNet personnel to access my medical file"

DISCLAIMER:

ALL SERVICES OUTSIDE PRE-APPROVAL PROTOCOL ARE SUBJECT TO RESTROSPECTIVE MEDICAL EVALUATION UPON CLAIM SUBMISSION. 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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