## MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000

mednet
The preferred choice for healthcare solutions

| MEMBER DETAILS | | | | BENEFIT DETAILS |
|---|---|---|---|---|
| MEMBER NAME | : AMNA JEHANZEB BADAR IQBAL | | | Please follow benefits list for other deductible/copayment details |
| INSURANCE PLAN | : TAKAFUL EMARAT | | | |
| DHA MEMBER ID | : | | | |
| EID | : 784-1993-9258399-5 | DOB | : 07-07-1993 | |
| CARD NUMBER | : 097112730243880002 | GENDER | : Female | |
| MOBILE NUMBER | : 0524450630 | START DATE | : 06-12-24 | |
| MEMBER NETWORK | : Silver Premium | END DATE | : 06-12-24 | |

**PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols**

**SUBJECTIVE**

pc: redness eye

eye infection both side irritation

pain in legs

**OBJECTIVE**

**Temp: 38 °C RR : 18 bpm PR : 86 BP : 115 bpm Weight : 0 kg**

**P PHARMACEUTICALS**

| | Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|---|
| L | 0031-123312-0662 | (SODIUM HYALURONATE : 2 MG/ML) OPHTHALMIC SOLUTION | OPHTHALMIC SOLUTION (10ML, PLASTIC DROPPER BOTTLE) | 1 | Take 1Drops 1Time(s) perDay For 1 Day(s) others |
| | 0085-377902-0372 | (PROPYLENE GLYCOL : 0.3% (POLYETHYLENE GLYCOL 400 : 0.4% EYE DROPS | EYE DROPS ( 10ML, DROPPER BOTTLE | 7 | Take 1Drops 2 Time(s) per Day For 7 Day(s) after meal |
| A | 0278-107902-0391 | (IBUPROFEN : 400 MG) FILM COATED TABLETS | FILM COATED TABLETS (30S, BLISTER PACK) | 7 | Take 1Drops 2Time(s) perDay For 7 Day(s) after meal |
| | 0006-106601-0394 | (PARACETAMOL : 500 MG) FILM COATED TABLETS | FILM COATED TABLETS (24S, BLISTER PACK) | 7 | Take 1Drops 2 Time(s) per Day For 7 Day(s) others |
| N | 0085-277004-0371 | (TOBRAMYCIN (AS SULPHATE) : 0.3%) EYE DROPS | EYE DROPS (5ML, DROPPER BOTTLE) | 7 | Take 1Drops 2 Time(s) per Day For 7 Day(s) others |

| | |
|---|---|
| P | **DIAGNOSTIC PROCEDURES** |
| L | **Diagonosis:**H10.13 - Acute atopic conjunctivitis, bilateral, M79.605 - Pain in left leg, R50.9 - Fever, unspecified, M54.5 - Low back pain |
| A | **Treatments:**9, GP Cons |
| N | |

**Facility Name:**CITICARE MEDICAL CENTER LLC

**Telephone No:** 047700948

**Physician's Name:** AHSAN HUSSAIN

**Physician's Stamp &Signature:**

Dr. Ahsan Hussain
General Practitioner
DHA No: 87543658-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

**Patient Registered by:**CITICARE MEDICAL CENTER LLC

**Date and Time:** 06-12-2024

**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**

**Contains Confidential Medical Information. Not To Be Handled By Unauthorized personnel**