

No.

Payer : TAKAFUL EMARAT

Card No: 097112730243880002 valid until: 03-03-2025

Card Holders Name: AMNA JEHANZEB BADAR IQBAL Mobile No: 0524450630

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

SUBJECTIVE**OBJECTIVE****CONSULTATION****ASSESSMENT****PHARMACEUTICALS**

(DEXAMETHASONE : 0.10% (TOBRAMYCIN : 0.3% EYE DROPS,EYE DROPS (5ML, DROPPER BOTTLE,7-, (POLYETHYLENE GLYCOL 400 : 4 MG/ML (PROPYLENE GLYCOL : 3 MG/ML EYE DROPS,EYE DROPS (10ML, DROPPER BOTTLE,7-

DIAGNOSTIC PROCEDURES

Acute atopic conjunctivitis, bilateral, Pain in left leg, Fever, unspecified, Low back pain

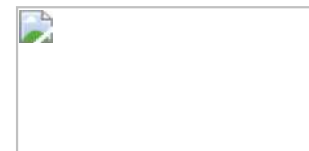
ICD10 code:

H10.13, M79.605, R50.9, M54.5

Physician's Name: AHSAN HUSSAIN

Telephone No.: 0521644729

Date: 07-12-2024

STAMP**SIGNATURE**

CARD HOLDER'S SIGNATURE

"I hereby authorise any MedNet personnel to access my medical records"

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

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