No.	

Payer : AMERICAN LIFE INSURANCE COMPANY

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Card Holders Name: RUTH NJERI Mobile No: 0544500049

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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

(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS,TABLETS (20S, BLISTER PACK),10-, (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP,SYRUP (5ML X 20, SACHET),7-, (MONTELUKAST : 10 MG) TABLETS,TABLETS (28S, BLISTER PACK),28-, (LORATADINE : 5 MG (PSEUDOEPHEDRINE SULPHATE : 120 MG TABLETS,TABLETS (28S, BLISTER PACK,7-, (PARACETAMOL : 500 MG) FILM COATED TABLETS,FILM COATED TABLETS (24S, BLISTER PACK),4-, (EUCALYPTUS OIL : 3.4 MG) (MENTHOL : 9.3 MG) LOZENGES,LOZENGES (24S, BLISTER),5-, (PREDNISOLONE : 20 MG) TABLETS,TABLETS (20S, BLISTER PACK),10-

DIAGNOSTIC PROCEDURES

Chest pain, unspecified, Palpitations, Mild intermittent asthma with (acute) exacerbation, Acute upper respiratory infection, unspecified, Cough, Dyspnea, unspecified

ICD10 code:

R07.9, R00.2, J45.21, J06.9, R05, R06.00

Physician's Name: Enomen Goodluck

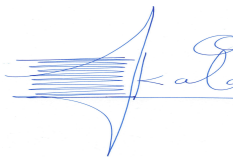
Telephone No.: 1234567

Date: 18-12-2024

STAMP

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

SIGNATURE



CARD HOLDER'S SIGNATURE

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