No.	

Payer : Islamic Arab Insurance Co. (P.S.C.

Card No: 097112710358328302 valid until: 05-10-2025

Card Holders Name: SAMINA ALI Mobile No: 0562117815

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

SUBJECTIVE

OBJECTIVE

CONSULTATION

ASSESSMENT

PHARMACEUTICALS

(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS,FILM COATED TABLETS (20S, FOIL STRIP,7-, (CETIRIZINE HCL : 10 MG FILM COATED TABLETS,FILM COATED TABLETS (10S, BLISTER PACK,7-, (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,CAPLETS (24S, BOX),7-, (VITAMIN D3 : 400 IU) (MAGNESIUM : 48 MG) (ZINC : 3.4 MG) (VITAMIN K2 : 90 MCG) (CALCIUM : 320 MG) TABLETS,TABLETS (60S, BLISTER),30-

DIAGNOSTIC PROCEDURES

Acute pharyngitis, unspecified, Fever, unspecified, Vitamin deficiency, unspecified

ICD10 code:

J02.9, R50.9, E56.9

Physician's Name: Humaira

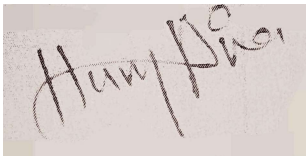
Telephone No.: 0524244416

Date: 29-12-2024

STAMP

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

SIGNATURE



CARD HOLDER'S SIGNATURE

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