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	: DAYANA FARES KHOULES			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: TOKIO MARINE & NICHIDO FIRE INSURANCE COMPANY LIMITED (DUBAI BR)			
DHA MEMBER ID	:			
EID	: 784-1986-1351659-4	DOB	: 19-08-1986	
CARD NUMBER	: 097111610217264602	GENDER	: Female	
MOBILE NUMBER	: 053441363	START DATE	: 01-01-25	
MEMBER NETWORK	: Silver Premium	END DATE	: 01-01-25	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

pc : fever, nasal congesion , bodypain , throat pain ,cough for 4 days

on medications for hyperlipidemia

no other med conditions

o/e hyperemia of pharynx

chest clinically clear

OBJECTIVE

Temp: 36.9 °C RR : 18 bpm PR : 78 BP : 116 bpm Weight : 69 kg

P L A N **PHARMACEUTICALS**

Code	Generic	Dosage	Duration	Instructions
2733-646901-3851	(IPRATROPIUM BROMIDE MONOHYDRATE : 0.6 MG/ML) (XYLOMETAZOLINE HCL : 0.5 MG/ML) NASAL SPRAY	NASAL SPRAY (10ML, HDPE BOTTLE METERED DOSE SPRAY PUMP)	5	Take 1Spray 1Time(s) perDay For 5 Day(s) others
0205-290301-0391	(LEVOCETIRIZINE (DIHCL OR HCL) : 5 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) evening
0397-116207-0391	(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) evening
0837-277601-1161	(OXOMEMAZINE : 0.33 MG/ML) SYRUP	SYRUP (150ML, PLASTIC BOTTLE)	10	Take 1Tablets 3 Time(s) per Day For 10 Day(s) others
6822-155301-0061	(MELOXICAM : 7.5 MG) CAPSULES	CAPSULES (10S, BLISTER)	7	Take 1 Unit(s), 1 Time(s) per Day For 7 Day(s)

Code	Generic	Dosage	Duration	Instructions
0005-119803-1170	(PREDNISOLONE : 20 MG) TABLETS	TABLETS (1000S, BLISTER PACK)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others

PLAN

DIAGNOSTIC PROCEDURES

Diagonosis:J30.9 - Allergic rhinitis, unspecified, J02.9 - Acute pharyngitis, unspecified, R05 - Cough, A78 - Q fever

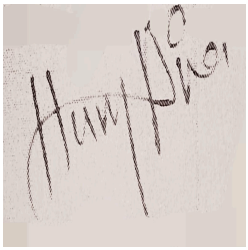
Treatments:9, GP Cons

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: 01-01-2025

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

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