



Patient

45617

WASEEM SAJJAD SAJJAD GHANI

784-1996-8603597-5

First Time

29

Male

Pakistani

S

Mednet EBP - MetLife - Default Scheme (99999)

Medical History (patient\_history.aspx?patId=55654)

Billing History (patient\_accounts.aspx?patId=55654)

Appointment

Visit ID 57301

22-Jan-2025

Humaira - General - DHA-P-54155530

MRN Activities(Log)

Insurance Cards

EMID Card

Vitals Alert

This Patient has Vitals for Temp: 36°C, Pulse: 86bpm, BP: 122mmHg, Height: 172cm, Weight: 67kg, BMI 22.65(Obese), Blood Sugar

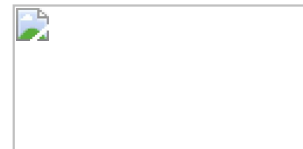
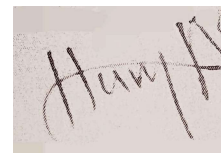
DHA Requirement : Mandatory to fill Ct

- Start Time    Nurse Station    Doctor Evaluation    Orthopedic Case Assessment    Diagnosis
- Treatments/Procedures    Packages    Prescription    Reimbursement Forms    Documents
- Progress Notes    Addendum    MEDNET REIMBURSEMENT FORM    MEDNET CLAIM FORM
- MEDNET GLOBAL CLAIM FORM    Other Forms    Sick Leave    End Time    Visit Summary Sheet
- Nabidh Clinical Docs    Audit Log    Radiology    Laboratory    Health Declaration    Signed Documents
- Image Comparison

complying with all MedNet's Network procedures. Thank you

|                                                                                                                                                                                                                                                                   |                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <div>SUBJECTIVE</div>                                                                                                                                                                                                                                             | <div>OBJECTIVE</div>                          |
| <div>CONSULTATION</div>                                                                                                                                                                                                                                           | <div>ASSESSMENT</div>                         |
| <div>PHARMACEUTICALS</div> <div>(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,FILM COATED TABLETS (10S, BLISTER PACK),10-, (TERBINAFINE (AS HCL) : 1%) GEL (EMULSION),GEL (EMULSION) (15G, TUBE),1-, (FLUCONAZOLE : 150 MG CAPSULES,CAPSULES (1S, BLISTER,5-</div> |                                               |
| <div>DIAGNOSTIC PROCEDURES</div> <div>Rash and other nonspecific skin eruption, Mycosis fungoides, unspecified site</div>                                                                                                                                         | <div>ICD10 code:</div> <div>R21, C84.00</div> |

**Physician's Name:** Humaira  
**Telephone No.:** 0524244416  
**Date:** 22-01-2025

**STAMP****SIGNATURE**

CARD HOLDER'S SIGNATURE

"I hereby authorise any MedNet personnel to access r

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

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