eASOAP FORM



ADMINISTRATIVE

The member is allowed for **Out Patient**

at the CITICARE MEDICAL CENTER LLC

DAISY LAMINTAO Gender: Validity Between: Patent Name: **Female** 08/08/2024 and 07/08/2025 **CABADING Coverage Information** 12/7/1983 12:00:00 5564-CECC-D97A-C120 **Out Patient** Card No: DOB: ΑM for: RN UAE (Al Ansari-AUH)-Network: Pin #: **Identty Card: MEDGULF** Natonal ID: 784-1983-2958437-3 Service Date: 26-Jan-2025 Radiology: Covered Patent's Tel No: 971543087941 Threshold Policy Holder: Limit: **ORIENT INSURANCE** Payer Name: Class: Normal P.J.S.C Out-Patent: Patent's File Category: **Category B** 45656 Pharmacy: Co-Part: 20% No: Gatekeeper: No Consultation: Laboratory: Covered Referral No: Referred Service:

SUBJECTIVE ASSESSMENT

Symptom(s) as described by the patent (Chief Complaint):	Date o	Date of Symptoms/illness started		
Complaint	DD	MM	YYYY	
co fever on and off dry cough could not sleep well pain in throat nasal congestion				
2oth jan. 2025				
oe chest is congested no added sou nds				

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restless									
						<u> </u>	Date (of Symptom	ns/illness started
Past Medical	Surgical History?			O Yes		O No	DD	MM	YYYY
Obs/Gyn Clair	ms						Date of	of Symptom	ns/illness started
Para	Gravida:	AB:	LMP:	Marital Status	s:	Marital Date:	DU	IVIIVI	1111
Nhat date did	the Patient first feel s	ame / similar S	Symptom(s)	: dd mm yyyy	1			-	
s the Patient ı	under any type of Trea	atment? O Ye	es O No	if yes, indicat	te what Assess	sment and since	when:		
DBJECTIVE /	ASSESSMENT(To be	e completed by	Physician)						
Clinical Findi	•	c completed by	1 Hydician,		Vital Signs: B	J/P · 130	T : 36.9	HR:	· 78
					-	71 . 130	1 . 30.3		. 70
					RR : 18				
	/Diagnosis : O / NDICATE DIAGNOSIS		Chronic OM	O Confirm		pected			
	•	_		O Confirm		pected			
IN	NDICATE DIAGNOSIS	_	OM Diagnosis	O Confirm	ed O Susp				
Туре	NDICATE DIAGNOSIS	_	OM Diagnosis Acute upp	O Confirm	ed OSusp				
Type Primary	Code J06.9	_	OM Diagnosis Acute upp	Confirm George Tespiratory	ed OSusp				
Type Primary Secondary	DICATE DIAGNOSIS Code J06.9 J30.9	S NOT SYMPT	OM Diagnosis Acute upp Allergic rh	Confirm Generatory Confirm Confirm	ed OSusp				
Type Primary Secondary Secondary	JO6.9 R05	S NOT SYMPT	OM Diagnosis Acute upp Allergic rh Cough Fever, uns	Confirm Generatory Confirm Confirm	ed OSusp infection, uns				
Type Primary Secondary Secondary Secondary Secondary	JO6.9 R05 R50.9	S NOT SYMPT	OM Diagnosis Acute upp Allergic rh Cough Fever, uns Acute gas	Confirm per respiratory hinitis, unspeci specified stritis without b	infection, uns	specified	ed illness/inju	ury)	
Type Primary Secondary Secondary Secondary Secondary ACCIDENT/O	JO6.9 RO5 R50.9 K29.0	S NOT SYMPT	OM Diagnosis Acute upp Allergic rh Cough Fever, uns Acute gas	Confirm per respiratory hinitis, unspeci specified stritis without b	infection, unsfied	specified		-	ess occur:
Type Primary Secondary Secondary Secondary Secondary ACCIDENT/O	JO6.9 J30.9 R05 R50.9 K29.0 CCUPATIONAL Claim	S NOT SYMPT	OM Diagnosis Acute upp Allergic rh Cough Fever, uns Acute gas	per respiratory hinitis, unspeci specified stritis without to if claim is a re lnjury due to road	infection, unsfied	specified nt or work relate		-	ess occur:
Type Primary Secondary Secondary Secondary Secondary ACCIDENT/O	JO6.9 J30.9 R05 R50.9 K29.0 CCUPATIONAL Claim	on Information (OM Diagnosis Acute upp Allergic rh Cough Fever, uns Acute gas	per respiratory hinitis, unspeci specified stritis without to if claim is a re lnjury due to road accident?	infection, unsfied	specified nt or work relate		-	ess occur:

9 GP Consultation School 96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular 0005-149902-1021 CLOFEN - (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION Pharmacy 94640 Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg., with an aerosol generator, nebulizer, method of method of diagnostic purposes (eg., with an aerosol generator, nebulizer, method of diagnostic purposes (eg., with an aerosol generator, nebulizer, method of diagnostic purposes (eg., with an aerosol generator, nebulizer, method of diagnostic purposes (eg., with an aerosol generator, nebulizer, method of diagnostic purposes (eg., with an aerosol generator, nebulizer, method of diagnostic purposes (eg., with an aerosol generator, nebulizer, method of diagnostic purposes (eg., with an aerosol generator, nebulizer, method of purposes (eg., with an aerosol generator, nebulizer, method of purposes (eg., with an aerosol generator, nebulizer, method of purposes (eg., with an aerosol generator, nebulizer, method of purposes (eg., with an aerosol generator, nebulizer, nebulizer, nebulizer, method of purposes (eg., with an aerosol generator, nebulizer, neb	CPT Code	Treatment							Price	
subcutaneous or intramuscular O005-149902-1021 CLOFEN - (DICLOFENAC SODIUM: 75 MG/3ML) SOLUTION FOR INJECTION Pharmacy 6.5000 Pressurized or nonpressurized inhalation treatment for acute a inway obstruction or for sputum induction for diagnostic purposes (eg., with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device) O188-135906-2441 PULMICORT-(BUDESONIDE: 0.5 MG/ML) SUSPENSION FOR NEBULIZATION Pharmacy 10.4800 86140 C-reactive protein; Lab 15.0000 85025 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count Code Generic Duration Instructions O005-116702-2481 (DIPHENHYDRAMINE: 12.5 MG/5ML SYRUP (SUGAR FREE 1 Take 10ML 3 Time(s) per Day For 7 Day(s) after meal after meal after meal after meal after meal one of the state of the	9	GP Consultation							25.0000	
Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg., with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device) 0188-135906-2441 PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION Pharmacy 10.4800 86140 C-reactive protein; Lab 15.0000 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and utomated differential WBC count Take 1000-1000-1000-1000-1000-1000-1000-100	96372			Co.Pay	10.0000					
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86140 C-reactive protein; Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count Code Generic Duration Take 10ML 3 Time(s) per Day For 7 Day(s) after meal (ESOMEPRAZOLE (AS MAGNESIUM) : 40 MG) FILM COATED TABLETS (CAFFEINE : 65 MG (PARACETAMOL : 500 MG CAPLETS 6 TABLETS 7 TABLETS 7 TABLETS 7 TABLETS 7 TABLETS 7 Take 17ablets 1 Time(s) per Day For 7 Day(s) others O139-116206-1171 (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) 7 Take 17ablets 1 Time(s) per Day For 7 Day(s) others O195-123701-0391 (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS 10 Take 17ablet at night Pharmacy: Estmated Costs O Cher Procedures:	94640	sputum indu	ıction for diagr		15.0000					
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Surgery: O Endoscopy: O Physiotherapy: O Other Procedures:	0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS 10 Take 1Tablet at					et at night			
Is the following required O Other Procedures:	O Pharmacy:	Estmated Costs O Laborato				ory / Radiolo	ogy:	Estmated Costs		
Physiotherapy:				O Surgery:	O Endoscopy:					
If yes please specify	Is the following required			O Physiotherapy:	Other Procedures:					
·					If yes please spec	ify				

ls In-patient Required ? Length of Stay	Indicate Provider	Estimate Cost
I hereby certfy that all informaton mentoned are correct	I hereby authorize any Healthcare Provider, Insurer, Er	mployer or other Organizaton
& that the medical services shown on this form were	to release any informaton regarding my medical cond	liton and history to NEXtCARE
medically indicated & necessary for the management of	for the purpose of determining insurance benefts. Me	dical management is the sole

this case.	responsibility of doctor and the patent.
Treating Physician Name : Humaira	
Tel / Fax (important):	
Signature & Stamp	
Dr. Humaira Mumtaz General Practitioner DHA No: 54155530-002 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.	Patient's Signature(Parent if minor)
Date :	Date : 26-Jan-2025
Note: Claims must be submited along with supportng doc	

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