No.	

Payer :	DUBAI INSURANCE COMPANY		
Card No:	097112440256284602	valid until:	31-12-2025
Card Holders Name:	SADAF SUFIA MOHAMMAD ASHRAF	Mobile No:	0551929748
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 form while 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,5-, (CETIRIZINE HCL : 10 MG FILM COATED TABLETS,FILM COATED TABLETS (10S, BLISTER PACK,5-, (PREDNISOLONE : 5 MG TABLETS,TABLETS (1000S, BLISTER PACK,5-, (HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION,SPRAY SOLUTION (30ML, SPRAY BOTTLE),3-, (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 325 MG) CAPLETS,CAPLETS (24S, BOX),3-

DIAGNOSTIC PROCEDURES	ICD10 code:
Acute tonsillitis, unspecified, Fever, unspecified, Allergic rhinitis, unspecified, Cough variant asthma	**J03.90, R50.9, J30.9, J45.991**

Physician's Name: DR Amaizah

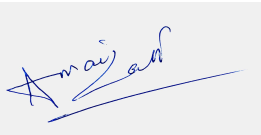
Telephone No.: 0561012068

Date: 05-03-2025

STAMP

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

SIGNATURE



CARD HOLDER'S SIGNATURE

"I hereby authorise any MedNet personnel to access my medical file''

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

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