No.	

Payer : TAKAFUL EMARAT

Card No: 097112730359936802 valid until: 18-10-2025

Card Holders Name: MINA MESTOURI Mobile No: 0508309831

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

SUBJECTIVE	OBJECTIVE

CONSULTATION	ASSESSMENT

PHARMACEUTICALS

DIAGNOSTIC PROCEDURES	ICD10 code:
Abnormal uterine and vaginal bleeding, unspecified, Secondary dysmenorrhea	**N93.9, N94.5**

Physician's Name: MOHAMMED M HAMED

Telephone No.: 0586108591

Date: 24-04-2025

STAMP

Dr. Mohammed M Hamed Hashish
Specialist Obstetrics And Gynecology
DHA No: 75385955-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

SIGNATURE

CARD HOLDER'S SIGNATURE

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