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	: MINA MESTOURI			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: TAKAFUL EMARAT			
DHA MEMBER ID	:			
EID	: 784-2000-1852937-8	DOB	: 22-10-2000	
CARD NUMBER	: 097112730359936802	GENDER	: Female	
MOBILE NUMBER	: 0508309831	START DATE	: 25-04-25	
MEMBER NETWORK	: Silver Premium	END DATE	: 25-04-25	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

the patient comes complaining of urregular menstruation in the last 3 months

the pattern change to high frequency coming each less than 20 days in the last 6 month

it is associated with dysmenorrhea

by abdominal ultrasound the uterus is enlarged with irregular endometrial lining

the patient also has a past history of very low testosterone level

OBJECTIVE

Temp: °C RR : bpm PR : BP : bpm Weight : kg

PLAN

PHARMACEUTICALS

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

PLAN

DIAGNOSTIC PROCEDURES

Diagonosis:N93.9 - Abnormal uterine and vaginal bleeding, unspecified, N94.5 - Secondary dysmenorrhea

Treatments:10, Sp Cons,76700, Ultrasound, abdominal, real time with image documentation; complete,83001, Gonadotropin; follicle stimulating hormone (FSH),83002, Gonadotropin; luteinizing hormone (LH)

Facility Name:CITICARE MEDICAL CENTER LLC

Telephone No: 047700948

Physician's Name: MOHAMMED M HAMED

Patient Registered by:CITICARE MEDICAL CENTER LLC

Date and Time: 25-04-2025

Card Holder's Signature:

"I hereby authorize any MedNet personnel to access my medical file"

Physician's Stamp &Signature:  	

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
E-mail: mcc@mednet.com
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