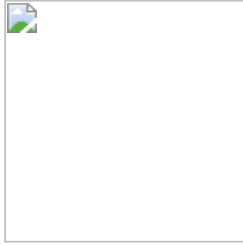


MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000



MEMBER DETAILS		BENEFIT DETAILS											
MEMBER NAME : MINA MESTOURI 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		Please follow benefits list for other deductible/copayment details											
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													
P PHARMACEUTICALS <table border="1"> <thead> <tr> <th>Code</th> <th>Generic</th> <th>Dosage</th> <th>Duration</th> <th>Instructions</th> </tr> </thead> <tbody> <tr> <td colspan="5">No Prescriptions History Found</td> </tr> </tbody> </table>				Code	Generic	Dosage	Duration	Instructions	No Prescriptions History Found				
Code	Generic	Dosage	Duration	Instructions									
No Prescriptions History Found													
P DIAGNOSTIC PROCEDURES L Diagnosis: N93.9 - Abnormal uterine and vaginal bleeding, unspecified, N94.5 - Secondary dysmenorrhea A Treatments: 10, Sp Cons, 76700, Ultrasound, abdominal, real time with image documentation; complete, 83001, Gonadotropin; follicle stimulating hormone (FSH), 83002, Gonadotropin; luteinizing hormone (LH) N													
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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