# MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000



	MEMBER D	ETAILS		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	2 GENDER	R : Female		
MOBILE NUMBER	: 0508309831	START DATE	: 28-04-25		
MEMBER NETWORK	Silver Premium	END DATE	: 28-04-25		

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

bpm PR: BP: bpm Weight: kg

#### OBJECTIVE

Temp: °C RR:

Р	PHARMACEUTICALS							
LA	Code	Generic	Dosage	Duration	Instructions			
	No Prescriptions History Found							

# **DIAGNOSTIC PROCEDURES**

L 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,83002, Gonadotropin; luteinizing hormone (LH),83001, Gonadotropin; follicle stimulating hormone (FSH)

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Facility Name: CITICARE MEDICAL CENTER LLC

**Telephone No:** 047700948

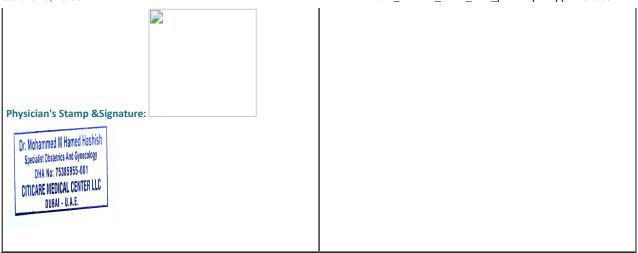
Physician's Name: MOHAMMED M HAMED

Patient Registered by:CITICARE MEDICAL CENTER LLC

Date and Time: 28-04-2025

Card Holder's Signature:

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



## **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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