**MedNet Global Healthcare Solutions L.L.C.**

Paid-up capital AED 12,800,000

mednet
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 | : 01-05-25 | |
| MEMBER NETWORK | : Silver Premium | END DATE | : 01-05-25 | |

**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**

**P L A N** **PHARMACEUTICALS**

| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| No Prescriptions History Found | | | | |

**P L A N** **DIAGNOSTIC PROCEDURES**

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

**Treatments:**76700, Ultrasound, abdominal, real time with image documentation; complete,10, Sp Cons

**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:** 01-05-2025

**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**