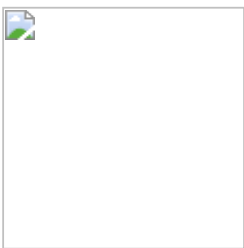


MEMBER DETAILS	BENEFIT DETAILS										
MEMBER NAME : MINA MESTOURI INSURANCE PLAN : TAKAFUL EMARAT DHA MEMBER ID : EID : 784-2000-1852937-8 DOB : 22-10-2000 CARD NUMBER : 097112730359936802 GENDER : Female MOBILE NUMBER : 0508309831 START DATE : 01-05-25 MEMBER NETWORK : Silver Premium END DATE : 01-05-25	Please follow benefits list for other deductible/copayment details										
PRE-APPROVAL PROTOCOL: Please follow standard MedNet approval protocols											
SUBJECTIVE the patient comes complaining of irregular 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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Code</th> <th style="width: 25%;">Generic</th> <th style="width: 25%;">Dosage</th> <th style="width: 25%;">Duration</th> <th style="width: 30%;">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: 76700, Ultrasound, abdominal, real time with image documentation; complete, 10, Sp Cons 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: 01-05-2025 Card Holder's Signature: "I hereby authorize any MedNet personnel to access my medical file"										

Physician's Stamp &Signature:



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

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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