No.	

Payer :	Islamic Arab Insurance Co. (P.S.C.		
Card No:	097112950390750702	valid until:	31-03-2026
Card Holders Name:	VIRGINIA VAN DER WESTHUIZEN	Mobile No:	0504520238

I.D No: ○ Identity Card ○ Passport ○ Labour Card ○ Other

Dear Doctor : We are pleased that our member is consulting you for medical care and kindly ask you to complete this SOAP form while complying with all MedNet's Network procedures. Thank you

SUBJECTIVE	OBJECTIVE

CONSULTATION	ASSESSMENT

PHARMACEUTICALS

(EZETIMIBE : 10 MG) TABLETS,TABLETS (30S, BLISTER),90-,
(PERINDOPRIL : 5 MG) TABLETS,TABLETS (30S, BOTTLE),90-,
(CLOBETASOL PROPIONATE : 0.5 MG/G) OINTMENT,OINTMENT (30G, ALUMINIUM TUBE),5-

DIAGNOSTIC PROCEDURES	ICD10 code:
Secondary hypertension, unspecified, Pure hypercholesterolemia, unspecified, Other pruritus, Rash and other nonspecific skin eruption, Essential (primary) hypertension	**I15.9, E78.00, L29.8, R21, I10**

Physician's Name: AISHA

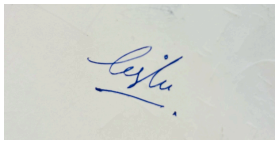
Telephone No.:

Date: 19-05-2025

STAMP

Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
DUBAI - U.A.E

SIGNATURE



CARD HOLDER'S SIGNATURE

"I hereby authorise any MedNet personnel to access my medical file''

Distribution: White to Physician, Pink to Pharmacy, Yellow to Diagnostic Center/ Laboratory, Green to Cardholder

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