

Photo
Not
Available

Patient 46908 **JAMIL BASSAM BABIK** 784-1995-9465170-7 **First Time** 30 **Male**

Syrian **S** **Mednet EBP - Orient Insurance PJSC - Default Scheme (99999)**

Medical History (patient_history.aspx?patId=57946)

Billing History (patient_accounts.aspx?patId=57946)

Appointment **Visit ID 62873** **20-May-2025** **Dr.Farhan Iyas - General - DHA-P-6441782**

MRN Activities(Log)

Insurance Cards **EMID Card**

Vitals Alert This Patient has Vitals for Temp: 36.1°C, Pulse: 86bpm, BP: 167mmHg, Height: 188cm, Weight: 125kg, BMI 35.37(Obese), Blood Sugar

DHA Requirement : Mandatory to fill Chi

Start Time Nurse Station Doctor Evaluation Orthopedic Case Assessment ▼ Diagnosis
Treatments/Procedures ▼ Packages Prescription Reimbursement Forms ▼ Documents Progress Notes
Addendum MEDNET REIMBURSEMENT FORM MEDNET CLAIM FORM MEDNET GLOBAL CLAIM FORM Other Forms
Sick Leave End Time Visit Summary Sheet Nabidh Clinical Docs Audit Log Radiology Laboratory
Health Declaration Signed Documents Image Comparison

No.

Payer : Orient Insurance PJSC

Card No: 097110500342448201 valid until: 22-05-2025

Card Holders Name: JAMIL BASSAM BABIK Mobile No: 0555978695

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 w
complying with all MedNet's Network procedures. Thank you

SUBJECTIVE

OBJECTIVE

CONSULTATION

ASSESSMENT

PHARMACEUTICALS

DIAGNOSTIC PROCEDURES

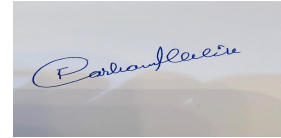
Laceration w/o fb of r mid finger w/o damage to nail, init, Pain,

ICD10 code:
S61.212A, R52

unspecimen

Physician's Name: Dr.Farhan Iyas**Telephone No.:****Date:** 20-05-2025**STAMP**

Dr .Frahna Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
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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