MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000

mednet
The preferred choice for healthc

MEMBER DETAILS				BENEFIT DETAILS
MEMBER NAME	: MORTADA MOHAMED			Please follow benefits list for other deductible/copayme
INSURANCE PLAN	: Orient Insurance PJSC			
DHA MEMBER ID	:			
EID	: 784-2007-3185278-4	DOB	: 31-10-2007	
CARD NUMBER	: 097110520379957301	GENDER	: Male	
MOBILE NUMBER	: 0506307738	START DATE	: 05-06-25	
MEMBER NETWORK	: Silver Premium	END DATE	: 05-06-25	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

patient came with high grade fever ,body pain ,runny nose and cough . for one day

throat is hyperemic

chest is clear

OBJECTIVE

Temp: 36.8 °C RR : 18 bpm PR : 88 BP : 90 bpm Weight : 53.3 kg

P L A N **PHARMACEUTICALS**

Code	Generic	Dosage	Duration	Instructions
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	Take 1Tablets 2 Time(For 3 Day(s) others
0005-134003-1161	(BROMHEXINE HYDROCHLORIDE : 4 MG/5ML) SYRUP	SYRUP (100ML, BOTTLE)	5	Take 1Syrup 2 Time(s) For 5 Day(s) others
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	Take 1Tablets 2 Time(For 5 Day(s) others
0097-127405-0392	(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	5	Take 1Tablets 2 Time(For 5 Day(s) others

P L A **DIAGNOSTIC PROCEDURES**

Diagonosis:J02.9 - Acute pharyngitis, unspecified, R50.9 - Fever, unspecified, R05 - Cough, E86.0 - Dehydration, J30.9 - All unspecified

Treatments:85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated diff WBC count,86140, C-reactive protein;,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUT INFUSION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJEC 207801-1002, LACTATED RINGERS & DEXTROSE USP (CALCIUM CHLORIDE : N/A) (DEXTROSE : N/A) (POTASSIUM CHLORIDE

(SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION SOLUTION FOR INFUSION (500ML, BOTTLE
Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,96368, Intra
infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition
primary procedure),96360, Intravenous infusion, hydration; initial, 31 minutes to 1 hour,9, Consultation GP

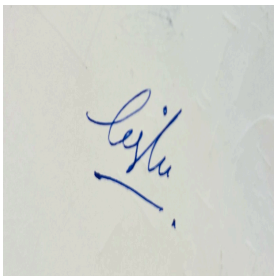
N

Facility Name:CITICARE MEDICAL CENTER LLC

Telephone No: 047700948

Physician's Name: AISHA

Physician's Stamp &Signature:



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

Patient Registered by:CITICARE MEDICAL CENTER LLC

Date and Time: 05-06-2025

Card Holder's Signature:

**"I hereby authorize any MedNet personnel to access n
file"**

DISCLAIMER:

**ALL SERVICES OUTSIDE PRE-APPROVAL PROTOCOL ARE SUBJECT TO RESTROSPECTIVE MEDICAL EVALUATION UPON CLAIM S
CLAIMS PROCESSING IS SUBJECT TO CONTRACTUAL TARIFF.**

MedNet Claims Center: 600 546002 (24-hour hotline), Fax: 800 4883
E-mail: mcc@mednet.com