MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000

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The preferred choice for healthcare solutions

MEMBER DETAILS				BENEFIT DETAILS
MEMBER NAME	: UZAIR AHMED RAJA AFTAB RAZA			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: Dubai Insurance_Swiss Life			
DHA MEMBER ID	:			
EID	: 784-2001-9937536-9	DOB	: 23-09-2001	
CARD NUMBER	: 097112440399265301	GENDER	: Male	
MOBILE NUMBER	: 971561857571	START DATE	: 19-06-25	
MEMBER NETWORK	: Silver Premium	END DATE	: 19-06-25	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

PC : COUGH THROAT PAIN ,NAIL AVULSION OF BOTH BIG TOES NAIL

HOPC : PT CAME WITH MILD FEVER ,THROAT PAIN ALONG WITH PRODUCTIVE COUGH STARTED THREE DAYS BACK .

HE ALSO HAS BOTH BIG TOE NAILS EMBEDED UNDER THE SKIN THAT CAUSING PAIN HE IS UNABLE TO WEAR SHOED .

O/E CHEST IS CONGESTED

NAILS AE NOT PROPERLY GROW .IRREGULAR

PMH : NONE

OBJECTIVE

Temp: 36.8 °C RR : 18 bpm PR : 58 BP : 128 bpm Weight : 70 kg

P **PHARMACEUTICALS**

	Code	Generic	Dosage	Duration	Instructions
L	0042-114504-2481	(AMBROXOL : 30 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (100ML, GLASS BOTTLE)	5	Take 1Syrup 2 Time(s) per Day For 5 Day(s) others
A	0006-106601-0393	(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (48S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
	0278-107902-0391	(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
N	0397-116207-0391	(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others

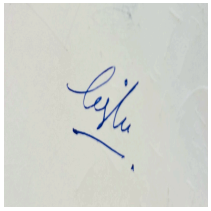
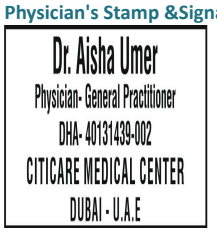
P **DIAGNOSTIC PROCEDURES**

L **Diagonosis:**J06.9 - Acute upper respiratory infection, unspecified, R50.9 - Fever, unspecified, R06.2 - Wheezing, E86.0 - Dehydration, S91.202A - Unsp open wound of left great toe w damage to nail, init, R52 - Pain, unspecified, L60.0 - Ingrowing nail

A **Treatments:**11752, Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx,85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count,86140, C-reactive protein;,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0102-111908-1001, SODIUM CHLORIDE B.P.,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,96360, Intravenous infusion, hydration; initial, 31 minutes to 1 hour,96374, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug,0195-107704-0801, CEFTRIAXONE-TABUK IV,9, Consultation GP

N

Facility Name:CITICARE MEDICAL CENTER LLC	**Patient Registered by:**CITICARE MEDICAL CENTER LLC
Telephone No: 047700948	**Date and Time:** 19-06-2025
Physician's Name: AISHA	

Physician's Stamp &Signature:  	Card Holder's Signature:  "I hereby authorize any MedNet personnel to access my medical file"

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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