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	: OLUGBENGA AKINDUTIRE			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: DUBAI INSURANCE COMPANY			
DHA MEMBER ID	:			
EID	: 784-1980-6918290-9	DOB	: 07-08-1980	
CARD NUMBER	: 097112440399276401	GENDER	: Male	
MOBILE NUMBER	: 0563096476	START DATE	: 22-06-25	
MEMBER NETWORK	: Silver Premium	END DATE	: 22-06-25	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

pc : sevre pain in rt wrist joint , associated iwth swelling and difficulty in bending hand at wrist joint

o/e : painful flexion of rt wrist

OBJECTIVE

Temp: 36.8 °C RR : 22 bpm PR : 60 BP : 120 bpm Weight : 136.6 kg

P L A N **PHARMACEUTICALS**

Code	Generic	Dosage	Duration	Instructions
0027-149907-0111	(DICLOFENAC SODIUM : 75 MG) COATED TABLETS	COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 2Time(s) perDay For 5 Day(s) after meal
0027-378802-0433	(DICLOFENAC SODIUM (AS DIETHYLAMINE) : 10 MG/G) GEL	GEL (75G, DISPENSER)	5	apply and massage
0005-119805-1172	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal

P L A N **DIAGNOSTIC PROCEDURES**

Diagonosis:M24.231 - Disorder of ligament, right wrist, M25.531 - Pain in right wrist

Treatments:0005-149902-1021, CLOFEN ,9, Consultation GP,80061, Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478),86140, C-reactive protein;,84550, Uric acid; blood,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,0005-149902-1021, CLOFEN

Facility Name:CITICARE MEDICAL CENTER LLC

Telephone No: 047700948

Physician's Name: DR Amaizah

Physician's Stamp &Signature:

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Patient Registered by:CITICARE MEDICAL CENTER LLC

Date and Time: 22-06-2025

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