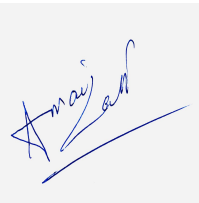
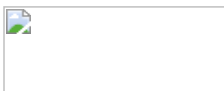


MEMBER DETAILS		BENEFIT DETAILS			
MEMBER NAME : OLUGBENGA AKINDUTIRE INSURANCE PLAN : DUBAI INSURANCE COMPANY DHA MEMBER ID : EID : 784-1980-6918290-9 DOB : 07-08-1980 CARD NUMBER : 097112440399276401 GENDER : Male MOBILE NUMBER : 0563096476 START DATE : 22-06-25 MEMBER NETWORK : Silver END DATE : 22-06-25 MEMBER NETWORK : Premium		Please follow benefits list for other deductible/copayment details			
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 PHARMACEUTICALS					
L	Code	Generic	Dosage	Duration	Instructions
A	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
N	0027-378802-0433	(DICLOFENAC SODIUM (AS DIETHYLAMINE) : 10 MG/G) GEL	GEL (75G, DISPENSER)	5	apply and massage
N	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 DIAGNOSTIC PROCEDURES					
L	Diagnosis: M24.231 - Disorder of ligament, right wrist, M25.531 - Pain in right wrist				
A	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				
N					
Facility Name: CITICARE MEDICAL CENTER LLC Telephone No: 047700948 Physician's Name: DR Amaizah  Physician's Stamp & Signature: 			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

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