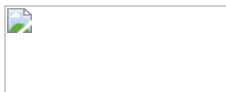


MEMBER DETAILS		BENEFIT DETAILS			
MEMBER NAME : MYLA GONZALES ELIZARIO INSURANCE PLAN : DUBAI INSURANCE COMPANY DHA MEMBER ID : EID : 784-1981-8392070-5 DOB : 28-12-1981 CARD NUMBER : 097112440399264002 GENDER : Female MOBILE NUMBER : 0522363934 START DATE : 22-06-25 MEMBER NETWORK : Silver Premium END DATE : 22-06-25		Please follow benefits list for other deductible/copayment details			
PRE-APPROVAL PROTOCOL: Please follow standard MedNet approval protocols					
SUBJECTIVE					
pc: productive cough since 1 week , had low grade fever 2 days back for which she took paracetamol and fever had resolved she is a known case of hypertension O/E : she has bilateral wheezing					
OBJECTIVE					
Temp: 37.2 °C RR : 18 bpm PR : 46 BP : 120 bpm Weight : 71 kg					
P PHARMACEUTICALS					
	Code	Generic	Dosage	Duration	Instructions
L	1393-135904-2441	(BUDESONIDE : 0.5 MG/2ML) SUSPENSION FOR NEBULIZATION	SUSPENSION FOR NEBULIZATION (2ML X 20, RESPULES)	5	Take 1Solution 2 Time(s) per Day For 5 Day(s) others
A	0015-101502-0271	(ACETYLCYSTEINE : 600 MG) EFFERVESCENT TABLETS	EFFERVESCENT TABLETS (10S, TUBE)	5	Take 1Solution 1 Time(s) per Day For 5 Day(s) others
	0250-125808-1741	(POVIDONE IODINE : 1%) GARGLE	GARGLE (125ML, BOTTLE)	5	Take 1Solution 2 Time(s) per Day For 5 Day(s) others
N	0005-134003-1161	(BROMHEXINE HYDROCHLORIDE : 4 MG/5ML) SYRUP	SYRUP (100ML, BOTTLE)	5	Take 1Syrup 2 Time(s) per Day For 5 Day(s) others
P DIAGNOSTIC PROCEDURES					
L	Diagnosis: J06.9 - Acute upper respiratory infection, unspecified, R73.9 - Hyperglycemia, unspecified, E78.00 - Pure hypercholesterolemia, unspecified, E55.9 - Vitamin D deficiency, unspecified, R05 - Cough Treatments: 85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count,86140, C-reactive protein;,80061, Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478),82306, Vitamin D; 25 hydroxy, includes fraction(s), if performed,82947, Glucose; quantitative, blood (except reagent strip),0188-135906-2441, PULMICORT- (BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94645, Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure),9, Consultation GP				
A					
N					
Facility Name: CITICARE MEDICAL CENTER LLC Telephone No: 047700948 Physician's Name: AISHA			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"		

Aisha Umer

Physician's Stamp & Signature:

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

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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