MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000

mednet
The preferred choice for healthcare solutions

MEMBER DETAILS				BENEFIT DETAILS
MEMBER NAME	: NAGMA PARVEEN MD FARMAN ALI			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: DUBAI INSURANCE COMPANY			
DHA MEMBER ID	:			
EID	: 784-1995-9697433-9	DOB	: 19-09-1995	
CARD NUMBER	: 097113530377229502	GENDER	: Female	
MOBILE NUMBER	: 0506160108	START DATE	: 27-06-25	
MEMBER NETWORK	: Silver Premium	END DATE	: 27-06-25	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

pc : weakness , loss of appetide

hopc : pt came with the complain loss of appetide and weight loss despite of eating everything for the last three months

o/e she look pale .and underweight

pmh : none

OBJECTIVE

Temp: 36.68 °C RR : 18 bpm PR : 78 BP : 128 bpm Weight : 61 kg

P L A N **PHARMACEUTICALS**

Code	Generic	Dosage	Duration	Instructions
1796-537201-0991	(GLUTODINE : 3 MG/10ML) (ARGININE ASPARTATE : 1000 MG/10ML) SOLUTION	SOLUTION (20 X 10ML, PLASTIC AMPOULE)	15	Take 1Solution 1 Time(s) per Day For 15 Day(s) others
6506-931301-1451	(ZINC GLUCONATE : 97.58 MG) (IRON (FERROUS FUMARATE) : 76.07 MG) (VITAMIN B6 (AS PYRIDOXINE HCL) : 6.07 MG) (CUPRIC CITRATE (COPPER) : 5.68 MG) (VITAMIN B12 (CYANOCOBALAMIN) : 1 MG) (PTEROYLMONOGLUTAMIC ACID : 500 MCG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (30S, BLISTER)	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)

P L A N **DIAGNOSTIC PROCEDURES**

Diagonosis:R63.0 - Anorexia, R53.1 - Weakness, D64.9 - Anemia, unspecified, E03.9 - Hypothyroidism, unspecified, E16.2 - Hypoglycemia, unspecified

Treatments:85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count,81000, Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy,82947, Glucose; quantitative, blood (except reagent strip),84443, Thyroid stimulating hormone (TSH),9, Consultation GP

Facility Name:CITICARE MEDICAL CENTER LLC

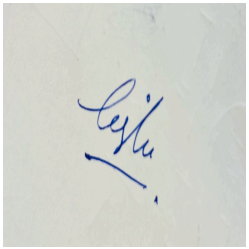
Telephone No: 047700948

Physician's Name: AISHA

Patient Registered by:CITICARE MEDICAL CENTER LLC

Date and Time: 27-06-2025

Physician's Stamp &Signature:



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

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