## 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 | : FE RAZON ARCEGA | | | Please follow benefits list for other deductible/copayment details |
| INSURANCE PLAN | : Islamic Arab Insurance Co. (P.S.C. | | | |
| DHA MEMBER ID | : | | | |
| EID | : 784-1964-0943158-0 | DOB | : 23-01-1964 | |
| CARD NUMBER | : 097112950227872602 | GENDER | : Female | |
| MOBILE NUMBER | : 543546102 | START DATE | : 03-07-25 | |
| MEMBER NETWORK | : Silver Premium | END DATE | : 03-07-25 | |

**PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols**

**SUBJECTIVE**

PC : INGROWN NAIL OF BOTH FOOT BIG TOE

HOPC

; PT CAME WITH THE COMPLAIN OF INGROWN NAIL OF BOTH FOOT BIG TOE .AND ITS VERY PAINFUL

PMH : DIABETIC

**OBJECTIVE**

**Temp: 36.4 °C RR : 18 bpm PR : 80 BP : 130 bpm Weight : 70 kg**

**P L A N PHARMACEUTICALS**

| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| 0207-533801-1451 | (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN) | CAPSULES (HARD GELATIN) (14S, BLISTER) | 7 | Take 1Tablets 2 Time(s) per Day For 7 Day(s) BEFORE MEAL |
| 0097-142201-0391 | (DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS | FILM COATED TABLETS (20S, BLISTER PACK) | 5 | Take 1Tablets 2 Time(s) per Day For 5 Day(s) others |
| 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 L A N DIAGNOSTIC PROCEDURES**

**Diagonosis:**L60.0 - Ingrowing nail, R52 - Pain, unspecified, K29.00 - Acute gastritis without bleeding

**Treatments:**11750, Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal,9, Consultation - GP

**Facility Name:**CITICARE MEDICAL CENTER LLC

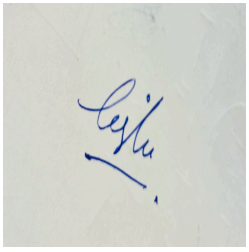
**Telephone No:** 047700948

**Physician's Name:** AISHA

**Patient Registered by:**CITICARE MEDICAL CENTER LLC

**Date and Time:** 03-07-2025

**Card Holder's Signature:**

| | |
|---|---|
| Physician's Stamp &Signature:  Dr. Aisha Umer<br>Physician- General Practitioner<br>DHA- 40131439-002<br>CITICARE MEDICAL CENTER<br>DUBAI - U.A.E | "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**