

MEMBER DETAILS	BENEFIT DETAILS
MEMBER NAME : CHRISTINE JOY DELA CRUZ DELEJERO INSURANCE PLAN : Dubai Insurance_Swiss Life DHA MEMBER ID : EID : 784-1989-4486154-5 DOB : 17-12-1989 CARD NUMBER : 097111910381673302 GENDER : Female MOBILE NUMBER : 0501708449 START DATE : 19-07-25 MEMBER NETWORK : Silver Premium END DATE : 19-07-25	Please follow benefits list for other deductible/copayment details

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

PC vomiting, loose stools, dry cough, stomach pain, body pain

HOPC pt presented with complaints of stomach pain, vomiting, loose stools since yesterday night

History of soup intake present

Pt complaints of variation in her pressure. Advised salt reduction, proper exercise and lifestyle modification

O/E per abdomen soft and non tender

OBJECTIVE

Temp: 36.6 °C RR : 18 bpm PR : 84 BP : 142 bpm Weight : 82 kg

P PHARMACEUTICALS

	Code	Generic	Dosage	Duration	Instructions
L	0097-230603-0831	(ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION	POWDER FOR SOLUTION (10S, SACHET)	5	Take 1sachet 3Time(s) per Day For 5 Day(s) others
	8132-949002-1171	(PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE HCL : 30 MG) (CHLORPHENIRAMINE MALEATE : 2 MG) TABLETS	TABLETS (24S, BLISTER)	2	Take 1Tablets 3 Time(s) per Day For 2 Day(s) others
A	5252-627601-0391	(ONDANSETRON (AS HCL) : 4 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others
	1795-502202-1451	(SPORE OF BACILLUS CLAUSI : 2 BILLION) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (12S, BLISTER)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others
N	0207-533801-1451	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	3	Take 1Tablets 1 Time(s) per Day For 3 Day(s) others
	0252-163601-1161	(DEXTROMETHORPHAN : 15 MG/5ML) SYRUP	SYRUP (100ML, BOTTLE)	3	Take 5Syrup 3 Time(s) per Day For 3 Day(s) others

P DIAGNOSTIC PROCEDURES

L Diagnosis:R19.7 - Diarrhea, unspecified, R11.10 - Vomiting, unspecified, R10.30 - Lower abdominal pain, unspecified

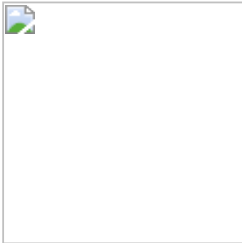
Treatments:0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,96374, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour,9, GP Consultation,9, Consultation - GP,96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour,96375, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure),96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,9, GP Consultation,0005-149902-1021, CLOFEN ,96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,0005-150403-1021, PREMOSAN ,0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,96375, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)

N

Facility Name:CITICARE MEDICAL CENTER LLC

Telephone No: 047700948

Physician's Name: KEERTHANA



Physician's Stamp &Signature:



Patient Registered by:CITICARE MEDICAL CENTER LLC

Date and Time: 19-07-2025



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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