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	: CHRISTINE JOY DELA CRUZ DELEJERO			Please follow benefits list for other deductible/copayment details
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	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

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

HOPC pt presented with compaints 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 L A N **PHARMACEUTICALS**

Code	Generic	Dosage	Duration	Instructions
0097-230603-0831	(ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION	POWDER FOR SOLUTION (10S, SACHET)	5	Take 1sachet 3Time(s) perDay 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
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
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 **Diagonosis:**R19.7 - Diarrhea, unspecified, R11.10 - Vomiting, unspecified, R10.30 - Lower abdominal pain, unspecified

A **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:

د. كيرثانا راني بادييورايل ثارا
Dr. Keerthana Rani Padippurayil Thara
General Practitioner
License No.: 37864046-001
مـركـز سيتيكير الطبي ذ م م
CITICARE MEDICAL CENTER LLC

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