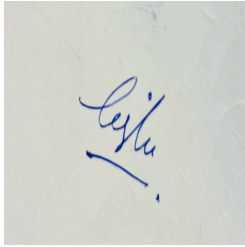


MEMBER DETAILS	BENEFIT DETAILS																		
MEMBER NAME : JOHN CYPRIAN DESSA HENRY DESSA INSURANCE PLAN : DUBAI INSURANCE COMPANY DHA MEMBER ID : EID : 784-1980-3832472-3 DOB : 21-01-1980 CARD NUMBER : 097112440399243901 GENDER : Male MOBILE NUMBER : 0505742130 START DATE : 27-07-25 MEMBER NETWORK : Silver Premium END DATE : 27-07-25	Please follow benefits list for other deductible/copayment details																		
PRE-APPROVAL PROTOCOL: Please follow standard MedNet approval protocols																			
SUBJECTIVE pc : right foot little finger pain																			
OBJECTIVE																			
Temp: 36.8 °C RR: 18 bpm PR: 78 BP : 120 bpm Weight: 69 kg																			
P PHARMACEUTICALS <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 5%;">L</th> <th style="width: 15%;">Code</th> <th style="width: 35%;">Generic</th> <th style="width: 15%;">Dosage</th> <th style="width: 10%;">Duration</th> <th style="width: 20%;">Instructions</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">A</td> <td>0281-187603-0151</td> <td>(FUSIDIC ACID : 20 MG/G) (HYDROCORTISONE ACETATE : 10 MG/G) CREAM</td> <td>CREAM (15G, COLLAPSIBLE TUBE)</td> <td style="text-align: center;">5</td> <td>Take 1Cream 1 Time(s) per Day For 5 Day(s) others</td> </tr> <tr> <td style="text-align: center;">N</td> <td>0135-223402-1171</td> <td>(NAPROXEN : 250 MG) TABLETS</td> <td>TABLETS (20S, BLISTER PACK)</td> <td style="text-align: center;">5</td> <td>Take 1Tablets 2 Time(s) per Day For 5 Day(s) others</td> </tr> </tbody> </table>		L	Code	Generic	Dosage	Duration	Instructions	A	0281-187603-0151	(FUSIDIC ACID : 20 MG/G) (HYDROCORTISONE ACETATE : 10 MG/G) CREAM	CREAM (15G, COLLAPSIBLE TUBE)	5	Take 1Cream 1 Time(s) per Day For 5 Day(s) others	N	0135-223402-1171	(NAPROXEN : 250 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
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P DIAGNOSTIC PROCEDURES L Diagnosis: M79.646 - Pain in unspecified finger(s), S61.207S - Unsp opn wnd I little finger w/o damage to nail, sequela A Treatments: 9, Consultation GP N																			
Facility Name: CITICARE MEDICAL CENTER LLC Telephone No: 047700948 Physician's Name: AISHA	Patient Registered by: CITICARE MEDICAL CENTER LLC Date and Time: 27-07-2025  Card Holder's Signature: "I hereby authorize any MedNet personnel to access my medical file"																		



Physician's Stamp & Signature:



DISCLAIMER:

**ALL SERVICES OUTSIDE PRE-APPROVAL PROTOCOL ARE SUBJECT TO RESTROSPECTIVE MEDICAL EVALUATION UPON CLAIM SUBMISSION.
CLAIMS PROCESSING IS SUBJECT TO CONTRACTUAL TARIFF.**

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E-mail: mcc@mednet.com

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