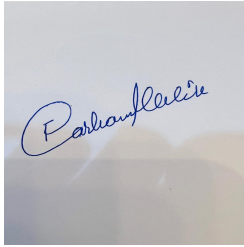


MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000



MEMBER DETAILS		BENEFIT DETAILS																			
MEMBER NAME : Farrukh Liaqat Liaqat Hussain INSURANCE PLAN : DUBAI INSURANCE COMPANY DHA MEMBER ID : EID : 784-1980-2685064-8 DOB : 14-04-1980 CARD NUMBER : 097112440399275401 GENDER : Male MOBILE NUMBER : 0529442504 START DATE : 31-07-25 MEMBER NETWORK : Silver Premium END DATE : 31-07-25		Please follow benefits list for other deductible/copayment details																			
PRE-APPROVAL PROTOCOL: Please follow standard MedNet approval protocols																					
SUBJECTIVE chief complain: pain in the left side tooth also have fever and back pain. on examination: there is tooth caries seen.																					
OBJECTIVE																					
Temp: 38 °C RR : 18 bpm PR : 94 BP : 110 bpm Weight : 75 kg																					
P PHARMACEUTICALS <table border="1"> <thead> <tr> <th></th> <th>Code</th> <th>Generic</th> <th>Dosage</th> <th>Duration</th> <th>Instructions</th> </tr> </thead> <tbody> <tr> <td>L</td> <td>0397-116207-0391</td> <td>(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS</td> <td>FILM COATED TABLETS (20S, FOIL STRIP)</td> <td>5</td> <td>Take 1Tablets 2 Time(s) per Day For 5 Day(s) others</td> </tr> <tr> <td>A</td> <td>2027-560101-0391</td> <td>(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS</td> <td>FILM COATED TABLETS (32S, BLISTER)</td> <td>5</td> <td>Take 1Tablets 3 Time(s) per Day For 5 Day(s) others</td> </tr> </tbody> </table>					Code	Generic	Dosage	Duration	Instructions	L	0397-116207-0391	(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others	A	2027-560101-0391	(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (32S, BLISTER)	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) others
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P DIAGNOSTIC PROCEDURES L Diagnosis: M54.5 - Low back pain, R50.9 - Fever, unspecified, A49.9 - Bacterial infection, unspecified A Treatments: 9, Consultation GP N																					
Facility Name: CITICARE MEDICAL CENTER LLC Telephone No: 047700948 Physician's Name: Dr.Farhan Iyas		Patient Registered by: CITICARE MEDICAL CENTER LLC Date and Time: 31-07-2025  Card Holder's Signature: "I hereby authorize any MedNet personnel to access my medical file"																			



Physician's Stamp & Signature:

Dr. Frahan Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
CITICARE MEDICAL CENTER
DUBAI U.A.E

DISCLAIMER:

**ALL SERVICES OUTSIDE PRE-APPROVAL PROTOCOL ARE SUBJECT TO RESTROSPECTIVE MEDICAL EVALUATION UPON CLAIM SUBMISSION.
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E-mail: mcc@mednet.com

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