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	: ZIDANE MOOHAMMED ZULFIQAR			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: Islamic Arab Insurance Co. (P.S.C.			
DHA MEMBER ID	:			
EID	: 784-2022-6668660-3	DOB	: 05-07-2022	
CARD NUMBER	: 097112950248065101	GENDER	: Male	
MOBILE NUMBER	: 0554465120	START DATE	: 08-02-24	
MEMBER NETWORK	: Silver Premium	END DATE	: 08-02-24	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

severe cough and respiratory distress started three days ago on 5/2/2024

severe wheezing and high fever

OBJECTIVE

Temp: 37 °C RR : 28 bpm PR : 98 BP : 0 bpm Weight : 16 kg

P **PHARMACEUTICALS**

	Code	Generic	Dosage	Duration	Instructions
L	0188-135907-2441	(BUDESONIDE : 0.25 MG/ML) SUSPENSION FOR NEBULIZATION	SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT)	5	Take 2ML 2 Time(s) per Day For 5 Day(s) others
A	0006-402805-2071	(SALBUTAMOL(AS SULPHATE) : 5 MG/ML) NEBULIZING SOLUTION	NEBULIZING SOLUTION (20ML, BOTTLE)	5	Take 2ML 4 Time(s) per Day For 5 Day(s) others
	1086-123702-1381	(CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL)	SOLUTION (ORAL) (75ML, BOTTLE)	7	Take 2ML 2 Time(s) per Day For 7 Day(s) others
N	5278-127401-0812	(AZITHROMYCIN : 200 MG/5ML) POWDER FOR RECONSTITUTION	POWDER FOR RECONSTITUTION (15ML, BOTTLE)	5	Take 3ML 1 Time(s) per Day For 5 Day(s) others first day two times

P **DIAGNOSTIC PROCEDURES**

L **Diagonosis:**J21.9 - Acute bronchiolitis, unspecified, R06.2 - Wheezing, R05 - Cough, R09.81 - Nasal congestion

A **Treatments:**0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-111805-1021, CHLOROHISTOL 10MG,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,94664, Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,0006-402803-2071, VENTOLIN NEBULES-(SALBUTAMOL : 5 MG/2.5ML) NEBULIZING SOLUTION,10, Consultation - SP,94640, Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device

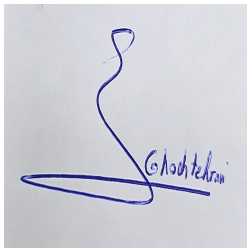
N

Facility Name: Irham Medical Center Arjan
Telephone No: 047700948

Patient Registered by: Irham Medical Center Arjan
Date and Time: 08-02-2024

Physician's Name: Mohammadmahdi

Physician's Stamp &Signature:



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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