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	: JOSEPHINE ROBINES			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: JORDAN INSURANCE COMPANY LTD			
DHA MEMBER ID	:			
EID	: 784-1981-6284859-6	DOB	: 20-05-1981	
CARD NUMBER	: 097110210201727302	GENDER	: Female	
MOBILE NUMBER	: 0503465444	START DATE	: 17-02-24	
MEMBER NETWORK	: Silver Premium	END DATE	: 17-02-24	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

For medication refill.

Has cough, no chest pain, no shortness of breath, no wheezing, no fever.

Also has frequency of micturition and painful urination.

She is known asthmatic and diabetic and controlled on medications.

RBS, urinalysis is advised.

OBJECTIVE

Temp: 36.6 °C RR : 22 bpm PR : 72 BP : 124 bpm Weight : 70 kg

P L A PHARMACEUTICALS

Code	Generic	Dosage	Duration	Instructions
0043-508401-1021	(INSULIN DEGLUDEC : 100 U/ML) SOLUTION FOR INJECTION	SOLUTION FOR INJECTION (5 X 3ML, PRE-FILLED PEN)	60	Take 30Units 1 Time(s) per Day For 60 Day(s) evening
0054-103201-0391	(CIPROFLOXACIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
1197-650802-0391	(EZETIMIBE : 10 MG) (ATORVASTATIN (AS CALCIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	60	Take 1Tablets 1 Time(s) per Day For 60 Day(s) evening
2093-596002-0432	(DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL	GEL (100G, TUBE)	60	Take 1Cream 2 Time(s) per Day For 60 Day(s) after meal
0090-265901-1171	(MONTELUKAST : 10 MG) TABLETS	TABLETS (28S, BLISTER PACK)	60	Take 1Tablets 1 Time(s) per Day For 60 Day(s) evening

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Code	Generic	Dosage	Duration	Instructions
0090-204901-0391	(SITAGLIPTIN (AS PHOSPHATE) : 50 MG) (METFORMIN HCL : 1000 MG) FILM COATED TABLETS	FILM COATED TABLETS (56S, BLISTER PACK)	60	Take 1Tablets 2Time(s) perDay For 60 Day(s) after meal
0011-528301-0391	(DAPAGLIFLOZIN (AS PROPANEDIOL) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	60	Take 1Tablets 1 Time(s) per Day For 60 Day(s) after meal
0188-272103-0791	(BUDESONIDE : 160 MCG) (FORMOTEROL FUMARATE : 4.5 MCG) POWDER FOR INHALATION	POWDER FOR INHALATION (120 DOSE, METERED DOSE INHALER)	60	Take 1Puff 2 Time(s) per Day For 60 Day(s) others

P L A N

DIAGNOSTIC PROCEDURES

Diagonosis:I10 - Essential (primary) hypertension, E11.40 - Type 2 diabetes mellitus with diabetic neuropathy, unsp, E78.2 - Mixed hyperlipidemia, J45.991 - Cough variant asthma, N39.0 - Urinary tract infection, site not specified, M54.5 - Low back pain, Z79.899 - Other long term (current) drug therapy

Treatments:81001, Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy,9, GP Consultation

Facility Name: Irham Medical Center Arjan

Telephone No: 047700948

Physician's Name: Sajid Sanaullah

Physician's Stamp &Signature:

Patient Registered by: Irham Medical Center Arjan

Date and Time: 17-02-2024

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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