MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000

mednet
The preferred choice for healthcare solutions

MEMBER DETAILS				BENEFIT DETAILS
MEMBER NAME	: KHYATI YOGESH CHITTALIA			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: DUBAI INSURANCE COMPANY			
DHA MEMBER ID	:			
EID	: 784-1992-3214685-4	DOB	: 03-02-1992	
CARD NUMBER	: 097111910326662802	GENDER	: Female	
MOBILE NUMBER	: 0585414141	START DATE	: 09-03-24	
MEMBER NETWORK	: Silver Premium	END DATE	: 09-03-24	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

Right flank pain since 2 days,

has been on pain relief with naproxen but no significant relief as pain returns after the medicine stop working and she has to take again.

There is no fever and has no urinary symptoms

Not hypertensive and not a known diabetic.

Has no other significant medical condition of note.

does not smoke no alcohol.

Abdominal exam: shows marked right renal angle tenderness.

OBJECTIVE

Temp: 36.8 °C RR : 22 bpm PR : 82 BP : 106 bpm Weight : 89 kg

P PHARMACEUTICALS

	Code	Generic	Dosage	Duration	Instructions
L	0005-225601-1172	(PARACETAMOL : 450 MG) (ORPHENADRINE : 35 MG) TABLETS	TABLETS (20S, BLISTER PACK)	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal
A	0027-149903-0391	(DICLOFENAC SODIUM : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal

	Code	Generic	Dosage	Duration	Instructions
N	1356-111705-0251	(SODIUM CITRATE : 630 MG) (TARTARIC ACID : 890 MG) (SODIUM BICARBONATE : 1.76G) (CITRIC ACID : 720 MG) EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (4G X 28, SACHET)	6	Take 1Powder 4 Time(s) per Day For 6 Day(s) after meal
	0042-136501-1173	(HYOSCINE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 2Time(s) perDay For 5 Day(s) after meal
	0097-103201-0391	(CIPROFLOXACIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 2Time(s) perDay For 5 Day(s) after meal

PLAN

DIAGNOSTIC PROCEDURES

Diagonosis:N20.2 - Calculus of kidney with calculus of ureter, N10 - Acute pyelonephritis, M54.5 - Low back pain

Treatments:9, 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: 09-03-2024

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

Contains Confidential Medical Information. Not To Be Handled By Unauthorized personnel