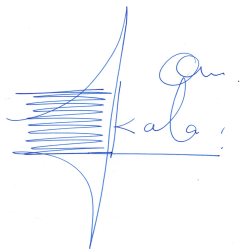


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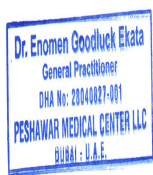
Paid-up capital AED 12,800,000



MEMBER DETAILS		BENEFIT DETAILS			
MEMBER NAME : SIHAM MUSA HABIB INSURANCE PLAN : Islamic Arab Insurance Co. (P.S.C.) DHA MEMBER ID : EID : 784-1976-6808410-2 DOB : 08-02-1976 CARD NUMBER : 097112950274244602 GENDER : Female MOBILE NUMBER : 0525353024 START DATE : 28-03-24 MEMBER NETWORK : Silver Premium END DATE : 28-03-24		Please follow benefits list for other deductible/copayment details			
PRE-APPROVAL PROTOCOL: Please follow standard MedNet approval protocols					
SUBJECTIVE Pruritic rashes on the skin of the back and arms. atopic dermatitis suspected.					
OBJECTIVE					
Temp: 36.8 °C RR : 18 bpm PR : 82 BP : 122 bpm Weight : 70 kg					
P PHARMACEUTICALS					
L	Code	Generic	Dosage	Duration	Instructions
A	0207-214402-0151	(BETAMETHASONE : N/A) (CLOTRIMAZOLE : N/A) CREAM	CREAM (20G, COLLAPSIBLE TUBE)	10	Take 1Cream 2 Time(s) per Day For 10 Day(s) after meal
N	0005-119805-1172	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) after meal
	1111-183202-0391	(FEXOFENADINE HCL : 180 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	15	Take 1Tablets 2 Time(s) per Day For 15 Day(s) after meal
P DIAGNOSTIC PROCEDURES					
L	Diagnosis: L20.9 - Atopic dermatitis, unspecified, L29.8 - Other pruritus, B49 - Unspecified mycosis				
A	Treatments: 9, Consultation - GP				
N					
Facility Name: Irham Medical Center Arjan Telephone No: 047700948 Physician's Name: Enomen Goodluck			Patient Registered by: Irham Medical Center Arjan Date and Time: 28-03-2024  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.**

MedNet Claims Center: 600 546002 (24-hour hotline), Fax: 800 4883

E-mail: mcc@mednet.com

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