No.	

Payer : DUBAI INSURANCE COMPANY

Card No: 097111910274831002 valid until: 02-10-2025

Card Holders Name: Ma Bernadette Ingeniero Mina Mobile No: 0554135167

I.D No: ○ Identity Card ○ Passport ○ Labour Card ○ Other

Dear Doctor : We are pleased that our member is consulting you for medical care and kindly ask you to complete this SOA complying with all MedNet's Network procedures. Thank you

SUBJECTIVE

OBJECTIVE

CONSULTATION

ASSESSMENT

PHARMACEUTICALS

(EMPAGLIFLOZIN : 25 MG) FILM COATED TABLETS,FILM COATED TABLETS (30S, BLISTER PACK),60-, (FEBUXOSTAT : 80 MG) FILM COATED TABLETS,FILM COATED TABLETS (28S, BLISTER),56-, (ROSUVASTATIN (AS CALCIUM) : 20 MG) FILM COATED TABLETS,FILM COATED TABLETS (28S, BLISTER (CALENDAR PACK)),56-, (HYDROCHLOROTHIAZIDE : 12.5 MG) (AMLODIPINE : 10 MG) (VALSARTAN : 160 MG) FILM COATED TABLETS,FILM COATED TABLETS (28S, BLISTER PACK),56-, (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS,FILM COATED TABLETS (28S, BLISTER PACK),56-, (ETORICOXIB : 90 MG) FILM COATED TABLETS,FILM COATED TABLETS (28S, BLISTER PACK),56-

DIAGNOSTIC PROCEDURES

Mixed hyperlipidemia, Essential (primary) hypertension, Gastro-esophageal reflux disease without esophagitis, Type 2 diabetes mellitus with unspecified complications, Acute bronchitis, unspecified, Low back pain

ICD10 code:

E78.2, I10, K21.9, E11.8, J20.9, M54.5

Physician's Name: Enomen Goodluck

Telephone No.: 1234567

Date: 19-10-2024

STAMP

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

SIGNATURE

CARD HOLDER'S SIGNATURE

"I hereby authorise any MedNet personnel to access my m

Distribution: White to Physician, Pink to Pharmacy, Yellow to Diagnostic Center/ Laboratory, Green to Cardholder

MedNet Claims Center: 800 4882 (24-hour hotline), Fax: 800 4883
E-mail: medicalunit@mednet-uae.com