No.	

Payer : Dubai Insurance_Besso_Dubaicare_179

Card No: 097112660231876801 valid until: 30-11-2023

Card Holders Name: TARUN VINOD KUMAR Mobile No: 0554522585

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 SOAP fo complying with all MedNet's Network procedures. Thank you

SUBJECTIVE

OBJECTIVE

CONSULTATION

ASSESSMENT

PHARMACEUTICALS

(CEFTRIAXONE (AS SODIUM) : 2 G) POWDER FOR INJECTION,POWDER FOR INJECTION (1+1, VIAL + SOLVENT AMPOULE),1-, (PARACETAMOL : 1 G) CONCENTRATE FOR INFUSION,CONCENTRATE FOR INFUSION (12S, VIAL),1-, (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,TABLETS (14S, BLISTER PACK),7-, (PARACETAMOL : 500 MG) FILM COATED TABLETS,FILM COATED TABLETS (24S, BLISTER PACK),6-, (DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,SOLUTION FOR INJECTION (1ML X 50, AMPOULE),1-

DIAGNOSTIC PROCEDURES

Acute upper respiratory infection, unspecified, Acute pharyngitis, unspecified, Pain in throat, Fever, unspecified, Acute tonsillitis, unspecified

ICD10 code:

J06.9, J02.9, R07.0, R50.9, J03.90

Physician's Name: Sajid Sanaullah

Telephone No.: 0501234567

Date: 19-10-2023

STAMP

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No: 05758224-001
PESHAWAR 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
Contains Confidential Medical Information. Not To Be Handled By Unauthorized personne