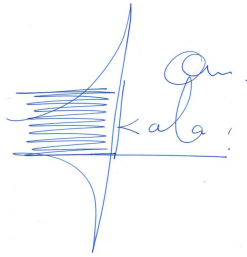
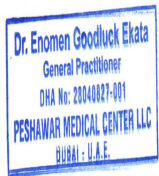


MEMBER DETAILS		BENEFIT DETAILS			
MEMBER NAME : MUHAMMAD ATHAR ILYAS MUHAMMAD ILYASBANJUA INSURANCE PLAN : ORIENT INSURANCE P.J.S.C DHA MEMBER ID : EID : 784-1992-9361474-1 DOB : 28-02-1992 CARD NUMBER : 097110520260036401 GENDER : Male MOBILE NUMBER : 0504048737 START DATE : 23-09-23 MEMBER NETWORK : Silver Premium END DATE : 23-09-23	Please follow benefits list for other deductible/copayment details				
PRE-APPROVAL PROTOCOL: Please follow standard MedNet approval protocols					
SUBJECTIVE Inability to close the mouth, with associated pains. Said to have occurred while eating. This is the first episodes in his life. He is also obese with significant family history of familiar hyperlipidemia and metabolic disease (mother and father). and severely concerned about his weight.					
OBJECTIVE 					
Temp: 36.6 °C RR : 22 bpm PR : 89 BP : 144 bpm Weight : 93 kg					
P PHARMACEUTICALS					
L	Code	Generic	Dosage	Duration	Instructions
A	1217-373201-2401	(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	10	Take 1Tablets 2Time(s) perDay For 10 Day(s) after meal
N	0696-107902-0392	(IBUPROFEN : 400 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	4	Take 1Tablets 2Time(s) perDay For 4 Day(s) after meal
P DIAGNOSTIC PROCEDURES					
L	Diagnosis: M26.51 - Abnormal jaw closure, E78.01 - Familial hypercholesterolemia, R52 - Pain, unspecified Treatments: 9, GP Cons, 85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count, 86140, C-reactive protein; 80061, Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478), 0005-149902-1021, CLOFEN ,96374, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug, 82310, Calcium; total				
A					
N					
Facility Name: Irham Medical Center Arjan Telephone No: 047700948			Patient Registered by: Irham Medical Center Arjan Date and Time: 23-09-2023		

Physician's Name: Enomen Goodluck



Physician's Stamp & Signature:



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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