

No.

Payer : DUBAI INSURANCE COMPANY

Card No: I005-036-112247403-01

valid until: 23-09-2022

Card Holders Name: SYED ASIF RAZA SYED ABID HUSSAIN SHAH GILLANI

Mobile No: 971506892251

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

(ATORVASTATIN (AS CALCIUM) : 10 MG) FILM COATED
TABLETS, ORAL, 30-, (OMEPRazole : 40 MG) CAPSULES (HARD
GELATIN), ORAL, 30-

DIAGNOSTIC PROCEDURES

Chest pain, unspecified, Gastro-esophageal reflux disease without
esophagitis, Acute gastritis without bleeding, Heartburn

ICD10 code:

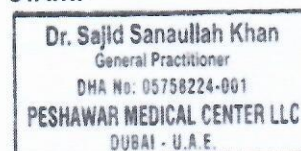
R07.9, K21.9, K29.00, R12

Physician's Name: Sajid Sanaullah

Telephone No.: 0501234567

Date: 12-06-2022

STAMP



SIGNATURE

CARD HOLDER'S SIGNATURE

"I hereby authorise any MedNet person to access
my medical file"

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

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