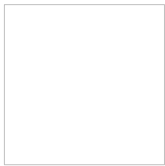


ADNIC Dental Pre-Auth Form

Member's name (as Written on Card) :		test AS testvision		
ADNIC Card ID Number :				
Patient's Mobile No. (Mandatory) :			971506752872	
Providers Name / Code :			ADNIC	
To Branch (Name) :		VISION MEDICAL & DENTAL CENTER (Abu Dhabi)		
Fax to be sent :			Resident	
Date of Birth :		2000-08-09		

CHARTING SYSTEM	EXAMINATION AND TREATMENT RECORD UNIVERSAL TOOTH NO. SYSTEM MANDATORY				
□	Diagnosis or ICD9	Description of Service	Tooth No.	Canadian Code	Cost Estimate
	fgfhfg	gffh	5	546	44
	fg	45r4et	5	5656	44
	fdg	rtfd	5	5656	444
	fg	fd		5656	445
	fg	xfg	56	5656	4545
	fdg	fdg	45	5656	4545
	Total Amount:				4545

Document Attached In Number:	fg	Service Date :2023-11-29
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Doctor / Signature / Stamp:		Member Signature
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