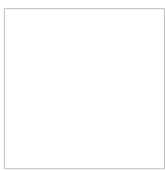
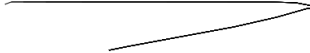


ADNIC Dental Pre-Auth Form

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
	gfdgf	fgvbvb	44555	444555	444
	eryt	ertretvcv	44455	444555	444
	reth	rtrtvbv	44555	4455	444
	ertyt	ertcvb		4455	444
	ertyt	ertty	4455	4455	44
	erty	erttyt	4455	4455	44
	Total Amount:				4488

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