1.HealthNet Policy Number I038-000-117581233-01 2. Authorization Code:

2.Patient Name BYUNGWOON HWANG

3.Patient Date of Birth & Sex 18-01-90(dd/mm/yy) ☑ Male ☐ Female

Mobile No.971522798557

5.Nature of illness or Injury ☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician ☐ Yes ☐ No

7.Presenting Complaints:

pt co fevrish

headache and feeling of fullness in abdomen since yesterday morning

been 12 hours pt didnot eat anything due to feeling of fukkness and gas

feeling nauseatic

on exam chest and throat seems fine

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiFever, unspecified, Acute abdomen, Nausea, Headache, unspecified ICD Code R50.9, R10.0, R11.0, R51.9

12.Etiology:

13.In case of Injury:mode of Injury/place of Injury

14.Plan / Details of Management

a.ProcedureGp Consultation,Intramuscular injection,(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INJECTION,IV fluid admisitration CPT code9,96372,1513-242802-0801,96360

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

16.

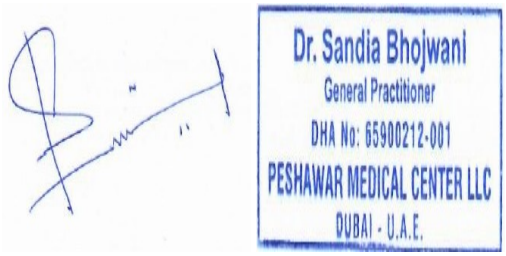
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
6916-777501-0082	(DIMETHICONE : 50 MG) (MAGNESIUM HYDROXIDE : 250 MG) (ALUMINIUM HYDROXIDE : 250 MG) (MAGNESIUM ALUMINIUM SILICATE : 50 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (15S, BLISTER)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others
0006-106601-0392	(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
0207-533801-1451	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others

Date: 10-05-24(dd/mm/yy)

Doctor's Name SANDIA

Signature and Stamp



Physician Code DHA-P-65900212 HNM Code

Authorization

I hereby authorize the Physician, Hospital or Pharmacy to file a claim for medical services on my behalf and I confirm that the above mentioned examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other person who has provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, medical condition or medical services and copies of all medical and hospital records.

A Photocopy or teletax copy of this authorization shall be considered effective any valid as the original

Date: 10-05-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

NATIONAL GENERAL INSURANCE CO. (P.J.S.C)

NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae

HealthNet