1.HealthNet Policy Number: I038-000-118101322-01 2. Authorization Code:

2.Patient Name: MUHAMMAD USMAN RAZZAQ ABDUL RAZZAQ

3.Patient Date of Birth & Sex: 12-09-91(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0506373904

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

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

7.Presenting Complaints:

co red spots all over the body headache 2 days

oe red spot all over the body chest is clear no added sounds vitals stable

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiPruritus, unspecified, Unspecified mycosis, Rash and other nonspecific skin eruption ICD Code L29.9, B49, R21

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,Intramuscular injection,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000) CPT code0005-111805-1021,0125-122107-1022,96372,9.01

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

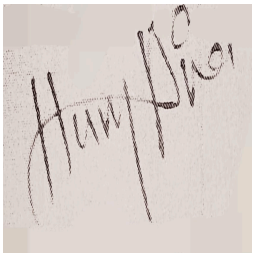
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0005-119805-1171	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (1000S, BLISTER PACK)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others
7048-140201-0061	(FLUCONAZOLE : 150 MG) CAPSULES	CAPSULES (1S, BLISTER PACK)	7	Take 1Capsule 1 Time(s) per Day For 7 Day(s) others
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	Take 1Lotion 1 Time(s) per Day For 7 Day(s) others
0977-137204-0571	(CALAMINE : 15% W/V) (ZINC OXIDE : 5% W/V) LOTION	LOTION (200ML, GLASS BOTTLE)	2	Take 1Lotion 1 Time(s) per Day For 2 Day(s) others

Date: 16-05-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Physician Code DHA-P-54155530 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: 16-05-24(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