

1.HealthNet Policy Number	1038-000- 120193919-01	2. Authorization Code:			
2.Patient Name	THU ZAR HUN				
3.Patient Date of Birth & Sex	12-07-91(dd/mn	n/yy) □ Male ☑ Female			
5.Nature of illness or Injury 6.Are You the patient's primary physician 7.Presenting Complaints: co headache fever cough dry nasal blockage 30 june 2024	Mobile No.0582 ☐ Acute ☐ Chr ☐ Yes ☐ No	321476 Pronic □ Emergency			
oe					
high grade fever enlarge tonsills					
chest is congested no added souunds					
restless					
8. Duration of Symptoms:					
9.Onset of Condition:					
10.Relevent Past Medical/Surfgical History					
DiagonosisiFever, unspecified, Acute upper respiratory infection, unspecified, Allergic rhinitis, unspecified, Cough, Pain, unspecified	ICD Code R50.9,	J06.9, J30.9, R05, R52			
12.Etiology:					
13.In case of Injury:mode of Injury/place of Injury					
14.Plan / Details of Management					
a.ProcedureBlood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Sedimentation Rate Rbc Automated,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL: 10 MG/ML) SOLUTION FOR INFUSION,CEFTRIAXONE-TABUK IV,CLOFEN -(DICLOFENAC SODIUM: 75 MG/3ML) SOLUTION FOR INJECTION,Administered intravenously,Intramuscular injection,nebulization with ventoline solution,Office consultation for a new or established patient, which requires these 3 key components:	· ·	86140,85652,2190-106618- 4-0801,0005-149902-			
A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	1021,96365,9637				
b.Laboratiry Test:					
c.Radiology / Investigations:					
15.In Case of Hospitalization: Date of Addmission:	Date of Dischar	ge:			
16. PRESCRIPTION WITH DOSAGE & DURATION					

Dosage

SYRUP (ALCOHOL

FREE) (100ML, GLASS

(AMMONIUM CHLORIDE: 131.5 MG/5 ML)

(DIPHENHYDRAMINE HCL: 13.5 MG/5ML) SYRUP

Generic

Code

0097-

393801-

Instructions

Take 10ML 3 Time(s) per

Day For 7 Day(s) after

Duration

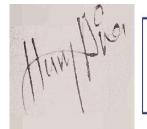
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Code	Generic	Dosage	Duration	Instructions
2471	(ALCOHOL FREE)	BOTTLE)		meal
0195- 123701- 0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) others
0005- 107001- 0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
0195- 116604- 0391	(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
0139- 116206- 1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others

Date: 03-07-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp



Dr. Humaira Mumtaz General Practitioner DHA No: 54155530-002 Citicare 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: 03-07-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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