1.HealthNet Policy Number I038-000-120333987-01 2. Authorization Code:

2.Patient Name SARANRAJ CHALUPARAMBATH

3.Patient Date of Birth & Sex 19-08-94(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0567698331

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

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

7.Presenting Complaints:

PC: FEVER 2 DAYS

COLD

COUGH WITH SPUTUM 2 DAYS

HAVING NUMBNESS

GENERALIZED BODY PAIN

HEADACHE MIGRAIE LIKE

BURNING MICTURATION 2 DAYS

PAIN RIGHT HYPOCHONDRIUM

MORBID OBESE

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiFever, unspecified, Acute nasopharyngitis [common cold], Headache, unspecified, Pain, unspecified, Painful micturition, unspecified ICD Code R50.9, J00, R51.9, R52, R30.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureOffice consultation for a new or established patient, which requires these 3 key components: 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.,(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,Blood Count Complete Auto&Auto Difrntl Wbc Count,Lipid Panel,Renal Function Panel,Urnls Dip Stick/Tablet Reagent Auto Microscopy,C-Reactive Protein,nebulization with ventoline solution CPT code9,0188-135906-2441,85025,80061,80069,81001,86140,94640

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

PRESCRIPTION WITH DOSAGE & DURATION

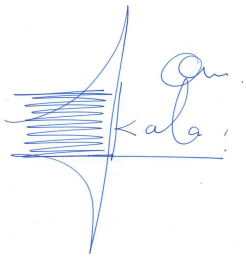
Code	Generic	Dosage	Duration	Instructions
7512-014201-1161	(ADHATODA VASICA : 112.5 MG/10ML) (TULSI (OCIMUM SANCTUM) : 90MG/10ML) (SOLANUM XANTHOCARPUM : 90MG/10ML) (TERMINALIA BELLIRICA EXTRACT : 52.5 MG/10ML) (HEDYCHIUM SPICATUM : 37.5 MG/10ML) (GLYCYRRHIZA GLABRA EXTRACT : 22.5 MG/10ML) (PIPER LONGUM : 22.5 MG/10ML) SYRUP	SYRUP (200ML, BOTTLE)	5	Take 2 ML Syrup 3 Time(s) per Day For 5 Day(s) after 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) evening BEFORE SLEEP
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) after meal

Date: 06-07-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Physician Code DHA-P-28040827 HNM Code

Signature and Stamp



Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

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: 06-07-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet