1.HealthNet Policy Number I038-000-121057163-01 2. Authorization Code:

2.Patient Name KHIN PA PA AUNG

3.Patient Date of Birth & Sex 18-01-88(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0523556229

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

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

7.Presenting Complaints:

Represented:

Complaining of vomiting for which she has had over 6episodes,

Also has high grade fever. Temperature at presentation is 38.8 degree.

She has upper abdominal pain and radiates to the back

Also has lower abdominal pain at the suprapubic region.

Urinalysis done is significant for urine infection.

CBC shows elevated WBC of 14,000.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute pyelonephritis, Acute cystitis without hematuria, Acute gastritis without bleeding, Fever, unspecified ICD Code N10, N30.00, K29.00, R50.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureIntramuscular injection,CLOFEN ,Administered intravenously,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,PANTONIX 40MG I.V.,PREMOSAN - (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,(AMIKACIN : 500 MG) INJECTION,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000) CPT code96372,0005-149902-1021,96365,2190-106618-1001,0005-242802-0781,0005-150403-1021,0135-115002-0511,9.01

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

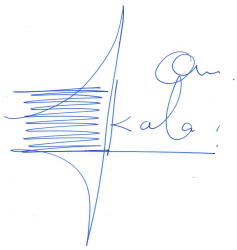
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0265-150407-1171	(METOCLOPRAMIDE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	Take 1Tablets 3Time(s) perDay For 3 Day(s) before meal
0005-141604-0081	(ALUMINIUM HYDROXIDE : 200 MG) (MAGNESIUM HYDROXIDE : 200 MG) (SIMETHICONE : 25 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (30S, BLISTER PACK)	5	Take 1Tablets 6 Time(s) per Day For 5 Day(s) others
0188-232401-0392	(ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) before meal

Code	Generic	Dosage	Duration	Instructions
0005-119803-1171	(PREDNISOLONE : 20 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening
0027-149903-2231	(DICLOFENAC SODIUM : 100 MG) RECTAL SUPPOSITORIES	RECTAL SUPPOSITORIES (5S, STRIP)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening

Date: 17-07-24(dd/mm/yy)

Signature and Stamp



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

Doctor's Name Enomen Goodluck

Physician Code DHA-P-28040827 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: 17-07-24(dd/mm/yy) Signature of Insued / Claimint

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HealthNet