1.HealthNet Policy Number I038-000-118367313-01 2. Authorization Code:

2.Patient Name GAURAV KESHAV KASTURE KESHAV RAMCHANDRA KASTURE

3.Patient Date of Birth & Sex 20-08-96(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0528369387

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

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

7.Presenting Complaints:

PC: FEVER 1 DAY

SORETHROAT 1 DAY

COUGH

COLD

HAEDACHE

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiFever, unspecified, Acute upper respiratory infection, unspecified, Acute nasopharyngitis [common cold], Headache, unspecified, Pain, unspecified

ICD Code R50.9, J06.9, J00, R51.9, R52

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,Administered intravenously,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,(CIPROFLOXACIN : 0.2%) SOLUTION FOR INFUSION,Office 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.,Intramuscular injection

CPT code0035-107704-1372,2190-106618-1001,0125-122107-1022,96365,85025,86140,0327-103208-1001,9,96372

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

PRESCRIPTION WITH DOSAGE & DURATION

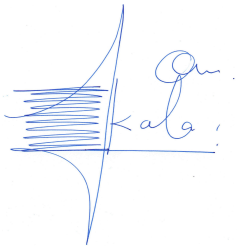
Code	Generic	Dosage	Duration	Instructions
7512-014201-1161	(ADHATODA VASICA : 112.5 MG/10ML) (TULSI (OCIMUM SANCTUM) : 90MG/10ML) (SOLANUM XANTHOCARPUM : 90MG/10ML) (TERMINALIA BELLIRICA EXTRACT : 52.5 MG/10ML) (HEDYCHIUM SPICATUM : 37.5 MG/10ML) (GLYCYRRHIZA GLABRA EXTRACT : 22.5 MG/10ML) (PIPER LONGUM : 22.5 MG/10ML) SYRUP	SYRUP (200ML, BOTTLE)	5	Take 3.5 ML Syrup 2 Time(s) per Day For 5 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
0195-123701-0391	CETIRIZINE HCL	Tablet	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening BEFORE SLEEP
0005-938301-3381	(CAFFEINE ANHYDROUS : 25 MG) (PARACETAMOL : 500 MG) (PHENYLEPHRINE HCL : 5 MG) CAPLET-TABLET	CAPLET-TABLET (30S, BLISTER)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	5	Take 1Tablets 2Time(s) perDay For 5 Day(s) after meal

Date: 23-07-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp



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

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: 23-07-24(dd/mm/yy) Signature of Insued / Claimint

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HealthNet