1.HealthNet Policy Number: I038-000-117581233-01 2. Authorization Code:

2.Patient Name: BYUNGWOON HWANG

3.Patient Date of Birth & Sex: 18-01-90(dd/mm/yy) ☑ Male ☐ Female

Mobile No.971522798557

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

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

7.Presenting Complaints:

PC: SORE THROAT 1 DAY

FEVER

HEADACHE

COUGH

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Acute upper respiratory infection, unspecified, Fever, unspecified, Acute nasopharyngitis [common cold], Cough, Headache, unspecified, Pain, unspecified

ICD Code J06.9, R50.9, J00, R05, 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,(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,IV fluid admisitration,Intramuscular injection,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,(DEXTROSE : 50 MG/ML) (SODIUM CHLORIDE : 9 MG/ML) SOLUTION FOR INFUSION,Gp Consultation,Intravenous Injection,Sedimentation Rate Rbc Non-Automated, (DICLOFENAC SODIUM : 75 MG/3ML) INJECTION

CPT code0005-107704-0801,0005-106618-1001,0125-122107-1022,96360,96372,85025,86140,0442-100109-1004,9,96374,85651,0252-149902-0511

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 1Syrup 2 Time(s) per Day For 5 Day(s) after meal
0195-123701-0391	CETIRIZINE HCL	Tablet	5	Take 1Tablets 1Time(s) perDay 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)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal
0139-116206-	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S,	7	Take 1 Unit(s), 2 Time(s) per Day For 7

Code	Generic	Dosage	Duration	Instructions
1171		BLISTER PACK)		Day(s)

Date: 25-07-24(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: 25-07-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet