1.HealthNet Policy Number	I038-000-117669243-01 2. Authorization Code:
2.Patient Name	SYED ARSALAN JAVED BANOORI SYED ILYAS HAIDER JAVED
3.Patient Date of Birth & Sex	17-09-91(dd/mm/yy) ☑ Male ☐ Female
	Mobile No.0521983186
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency
6.Are You the patient's primary physician	☐ Yes ☐ No

7.Presenting Complaints:

PC: ALLERGY RHINITIS 5 DAYS

PAIN BODY ACHE

DIARRHEA

1 DAY

SORE THROAT

WHISTELING SOUND WHILE SLEEPING

8.Duration of Symptoms:	
9.Onset of Condition:	
10.Relevent Past Medical/Surfgical History	
DiagonosisiAllergic rhinitis, unspecified, Epigastric pain, Diarrhea, unspecified, Headache, unspecified, Sneezing	ICD Code J30.9, R10.13, R19.7, R51.9, R06.7
12.Etiology:	
13.In case of Injury:mode of Injury/place of Injury	

14.Plan / Details of Management

a.Procedure(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,Intramuscular injection,Allergen Specific Ige Qual Multiallergen Screen,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.

CPT code0125-122107-1022,0005-111805-1021,96372,86005,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

PRESCRIPTION WITH DOSAGE & DURATION

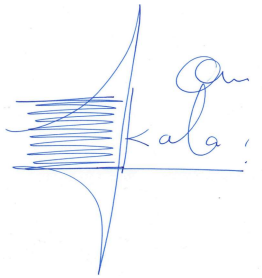
Code	Generic	Dosage	Duration	Instructions
6790-640411-0081	(VITAMIN D3 (CHOLECALCIFEROL) : 400 IU) CHEWABLE TABLETS	CHEWABLE TABLETS (60S, BOTTLE)	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) after meal
2027-560101-0391	(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (32S, BLISTER)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
0207-533801-1451	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) after meal
0013-395404-0391	(MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK)	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) after meal
2733-646901-3851	(IPRATROPIUM BROMIDE MONOHYDRATE : 0.6 MG/ML) (XYLOMETAZOLINE HCL : 0.5 MG/ML) NASAL SPRAY	NASAL SPRAY (10ML, HDPE BOTTLE METERED DOSE SPRAY PUMP)	14	Take 1 PUFF Spray 2 Time(s) per Day For 14 Day(s) others
0195-123701-0391	CETIRIZINE HCL	Tablet	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening BEFORE SLEEP

Date: 27-07-24(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: 27-07-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet