1.HealthNet Policy Number I038-000-120193927-01 2. Authorization Code:

2.Patient Name MUHAMMAD HAMZA MUNSIF ALI

3.Patient Date of Birth & Sex 02-04-97(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0547553911

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

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

7.Presenting Complaints:

PC: H PYLORI IS POSITIVE

SVERE ABDOMINAL PAIN

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiHelicobacter pylori as the cause of diseases classd elswhr, Epigastric pain, Gas pain ICD Code B96.81, R10.13, R14.1

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION,Administered intravenously,RISEK 40MG,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000) CPT code0131-116601-1001,96365,0005-174202-0781,9.01

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
6986-151717-0061	(SIMETHICONE : 250 MG) CAPSULES	CAPSULES (30S, BLISTER)	14	Take 1Tablets 2Time(s) perDay For 14 Day(s) before meal
0135-116411-1171	(AMOXICILLIN : 1 G) TABLETS	TABLETS (12S, BOX)	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) after meal
0195-148602-0362	(CLARITHROMYCIN : 500 MG) EXTENDED RELEASE TABLETS	EXTENDED RELEASE TABLETS (14S, BLISTER PACK)	14	Take 1Tablets 1 Time(s) per Day For 14 Day(s) after meal
0152-116604-0391	(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) after meal
0207-533801-1451	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) before meal

Date: 28-07-24(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: 28-07-24(dd/mm/yy) Signature of Insued / Claimint

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