



1.HealthNet Policy Number

I038-000-
115298086-01

2.
Authorization
Code:

2.Patient Name

MA JOSEPHINE REFUNDO AUSTRIA

3.Patient Date of Birth & Sex

18-10-78(dd/mm/yy) ☐ Male ☒ Female

5.Nature of illness or Injury

Mobile No.0502821996

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

Pain in the left ear, worst when she blows her nose or yawn.

Pain score is 8/10.

There is no discharge from the ear, no reduction in hearing but has a history of instrumentation with cotton buds.

There is no fever as well.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

Diagnosis: Acute serous otitis media, left ear, Impacted cerumen, left ear, Otolgia, left ear ICD Code H65.02, H61.22, H92.02

12.Etiology:

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

14.Plan / Details of Management

a.Procedure: 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 families 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 code 9

b.Laboratory Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
2027-560101-0392	(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	4	Take 2 Tablets 2 Time(s) per Day For 4 Day(s) after meal
0355-163001-0241	(DOCUSATE : 0.5%) EAR DROPS	EAR DROPS (10ML, GLASS BOTTLE + DROPPER)	7	Take 2 Drops 4 Time(s) per Day For 7 Day(s) others
0325-142902-	(CEFIXIME : 400 MG) TABLETS	TABLETS (6S, BLISTER PACK)	6	Take 1 Tablets 1 Time(s) per Day For 6 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
1171				

Date: 29-07-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp



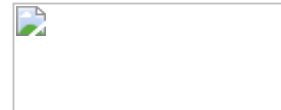
Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

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: 29-07-24(dd/mm/yy) Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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