

1.HealthNet Policy Number	1038-000- 119490863-01	Authoric Code:	ization
2.Patient Name	AISHA REHMAN BAIGNAL RAHMAN ALI SHAH		
3.Patient Date of Birth & Sex	06-06-97(dd/mr	m/yy)	☐ Male ✓ Female
	Mobile No.056	5537318	
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency		
6.Are You the patient's primary physician	☐ Yes ☐ No		
7.Presenting Complaints:			
Paini in throat, dizziness, weakness, nausea and flu symptoms.			
There is also little fever.			
Duration: 2days.			
8.Duration of Symptoms:			
9.Onset of Condition:			
10.Relevent Past Medical/Surfgical History			
DiagonosisiAcute upper respiratory infection, unspecified, Pain in throat, Dizziness and ICD Code J06.9, R07.0, R42, R50 giddiness, Fever, unspecified			
12.Etiology:			
13.In case of Injury:mode of Injury/place of Injury			
14.Plan / Details of Management			
a.ProcedureOffice 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 code9		
b.Laboratiry Test:			
c.Radiology / Investigations:			
15 In Case of Hospitalization: Date of Addmission:	Date of Dischar	œ.	

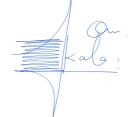
	PRESCRIPTION WITH DOSAGE & DURATION					
Code	Generic	Dosage	Duration	Instructions		
2027- 560101- 0392	(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER)	3	Take 1Tablets 1 Time(s) per Day For 3 Day(s) after meal		
0005- 116801- 1161	(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP	SYRUP (120ML, BOTTLE)	5	Take 10ML 1 Time(s) per Day For 5 Day(s) after meal		
0005- 119803- 1173	(PREDNISOLONE : 20 MG) TABLETS	TABLETS (40S, BLISTER)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal		
0195- 123701- 0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) after meal		
0788- 106705-	(CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS	TABLETS (24S, BLISTER PACK)	4	Take 2Tablets 3 Time(s) per Day For 4 Day(s)		

Code	Generic	Dosage	Duration	Instructions
1171				after meal

Date: 07-08-24(dd/mm/yy)

Doctor's Name Enomen Goodluck Signature and Stamp

Physician Code DHA-P-28040827 HNM Code



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: 07-08-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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



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