1.HealthNet Policy Number I038-000-119490867-01 2. Authorization Code:

2.Patient Name EDRINE MIIRO

3.Patient Date of Birth & Sex 07-10-00(dd/mm/yy) ☑ Male ☐ Female

Mobile No.971508090199

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

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

7.Presenting Complaints:

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiFever, unspecified, Blister (nonthermal), left foot, initial encounter, Pain, unspecified ICD Code R50.9, S90.822A, R52

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCEFTRIAXONE-TABUK IV,Administered intravenously,(METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INJECTION, (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,Intramuscular injection,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000) CPT code0195-107704-0801,96365,0056-116601-1021,0005-149902-1021,96372,9.01

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

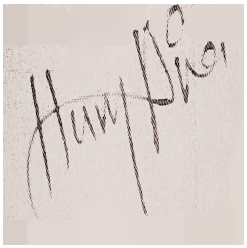
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0027-142201-0831	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (30S, SACHET)	7	Take 1sachet 3 Time(s) per Day For 7 Day(s) others
0005-183502-0153	(SILVER SULFADIAZINE : 1%) CREAM	CREAM (30G, TUBE)	1	Take 1Cream 1Time(s) perDay For 1 Day(s) others

Date: 19-08-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Physician Code DHA-P-54155530 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: 19-08-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae