1.HealthNet Policy Number I038-000-117559454-01 2. Authorization Code:

2.Patient Name MD EMRAN MIA ESHAD MIA

3.Patient Date of Birth & Sex 01-02-88(dd/mm/yy) ☑ Male ☐ Female

Mobile No.971526556258

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

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

7.Presenting Complaints:

co fever on and off cough prulant 17th august 2024

oe enlarge tonsills

chest is congested no added sounds

restless

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiFever, unspecified, Cough, Acute upper respiratory infection, unspecified

ICD Code R50.9, R05, J06.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Sedimentation Rate Rbc Automated,CEFTRIAXONE-TABUK IV,Administered intravenously,CLOFEN ,Intramuscular injection,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 code85025,86140,85652,0195-107704-0801,96365,0005-149902-1021,96372,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

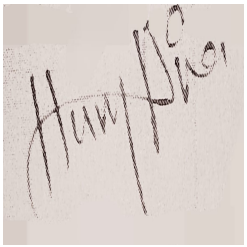
**PRESCRIPTION WITH DOSAGE & DURATION**

| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| 0005-107001-0051 | (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS | CAPLETS (24S, BOX) | 6 | Take 1Tablets 2 Time(s) per Day For 6 Day(s) others |

| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| 0097-393801-2471 | (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE) | SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE) | 1 | Take 10ML 3 Time(s) per Day For 7 Day(s) after meal |
| 0139-116206-1171 | (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS | TABLETS (14S, BLISTER PACK) | 7 | Take 1Tablets 1 Time(s) per Day For 7 Day(s) others |
| 0195-123701-0391 | (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS | FILM COATED TABLETS (10S, BLISTER PACK) | 5 | Take 1Tablets 1 Time(s) per Day For 5 Day(s) others |

Date: 20-08-24(dd/mm/yy)

Signature and Stamp



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

Doctor's Name Humaira

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: 20-08-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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