1.HealthNet Policy Number I038-000-115298209-01 2. Authorization Code:

2.Patient Name Sobish Pullarathara Balan

3.Patient Date of Birth & Sex 16-05-86(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0509803581

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

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

7.Presenting Complaints:

pc: cold

runny nose

conjuctivitis

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute nasopharyngitis [common cold], Acute atopic conjunctivitis, left eye, Acute upper respiratory infection, unspecified ICD Code J00, H10.12, J06.9

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 Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
1312-533401-3311	(BORIC ACID : 7MG/ML) (HP GUAR (HYDROXY PROPYL GUAR) : 1.9 MG/ML) (POLYETHYLENE GLYCOL 400 : 4 MG/ML) (POTASSIUM CHLORIDE : 1.2 MG/ML) (PROPYLENE GLYCOL : 3 MG/ML) (SODIUM CHLORIDE : 1 MG/ML) (SORBITOL : 14 MG/ML) EYE DROPS (SOLUTION)	EYE DROPS (SOLUTION) (10ML, DROPPER BOTTLE)	5	Take 1Drops 2 Time(s) per Day For 5 Day(s) after meal
0195-123701-0391	CETIRIZINE HCL	Tablet	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal before sleep
0005-938301-3381	(CAFFEINE ANHYDROUS : 25 MG) (PARACETAMOL : 500 MG) (PHENYLEPHRINE HCL : 5 MG) CAPLET-TABLET	CAPLET-TABLET (30S, BLISTER)	7	Take 1Tablets 2 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 2 Time(s) per Day For 7 Day(s) after meal

Date: 04-09-24(dd/mm/yy)

Doctor's Name AHSAN HUSSAIN

Signature and Stamp

Dr. Ahsan Hussain
General Practitioner
DHA No: 87543658-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Physician Code DHA-P-87543658 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: 04-09-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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HealthNet