1.HealthNet Policy Number I038-000-112964322-01 2. Authorization Code:

2.Patient Name ISAIAH JERONE PESCADOR ELIZARIO

3.Patient Date of Birth & Sex 12-09-15(dd/mm/yy) ☑ Male ☐

Mobile No.0522363835

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

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

7.Presenting Complaints:

PC: Nasal congestion, cough and runny nose for the past 2 days.

Also has wheezing and now difficulty in breathing for the past 1hours.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiMild persistent asthma with (acute) exacerbation, Wheezing, Other forms of dyspnea, Acute upper respiratory infection, unspecified ICD Code J45.31, R06.2, R06.09, J06.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureNebulization,PULMICORT,VENTOLIN NEBULES,Gp Consultation CPT code94640,0188-135906-2441,0006-4028(

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
0005-106604-1111	(PARACETAMOL : 120 MG/5ML) SUSPENSION	SUSPENSION (100ML, BOTTLE)	5	Take 10ML 3 Ti Day For 5 Day(s
0027-128801-1971	(XYLOMETAZOLINE HYDROCHLORIDE : 0.05%) LIQUID FOR SPRAY (NASAL)	LIQUID FOR SPRAY (NASAL) (10ML, SPRAY BOTTLE)	5	Take 2Drops 2 T Day For 5 Day(s
1086-123702-1381	(CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL)	SOLUTION (ORAL) (75ML, BOTTLE)	10	Take 5ML 1 Tim Day For 10 Day meal
0186-127401-0852	(AZITHROMYCIN : 200 MG/5ML) POWDER FOR SUSPENSION	POWDER FOR SUSPENSION (30ML, GLASS BOTTLE)	3	Take 10ML 1Tin perDay For 3 Da meal

Code	Generic	Dosage	Duration	Instructions
0005-662702-0991	(PREDNISOLONE (SODIUM PHOSPHATE) : 15MG/5ML) SOLUTION	SOLUTION (120ML, BOTTLE)	5	Take 1ML 1 Tim Day For 5 Day(s

Date: 05-09-24(dd/mm/yy)

Signature and Stamp

Dr. Enomen Goc
General Prac
DHA No: 2804
CITICARE MEDICA
DUBAI - U

Doctor's Name Enomen Goodluck

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 me examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other per provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, medi 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: 05-09-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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