1.HealthNet Policy Number	I038-000-119394093-01	2. Authorization Code:	
2.Patient Name	MUHAMMADJON SHARIFOV		
3.Patient Date of Birth & Sex	06-08-03(dd/mm/yy)	☑ Male ☐ Female	
	Mobile No.0565691101		
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 diarrhea 6 times vomitting 2 times 14th sep.2024

oe

chest is clear no addded sounds

restless

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Fever, unspecified, Infectious gastroenteritis and colitis, unspecified, Vomiting, unspecified, Diarrhea, unspecified, Allergic contact dermatitis, unspecified cause	ICD Code R50.9, A09, R11.10, R19.7, L23.9

12.Etiology:

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

14.Plan / Details of Management

a.Procedure Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,CEFTRIAXONE-TABUK IV,PREMOSAN - (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION, (METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR	CPT code85025,86140,0195-107704-0801,0005-150403-1021,0131-116601-1001,0102-111908-

INFUSION,SODIUM CHLORIDE B.P.,Administered intravenously,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.

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

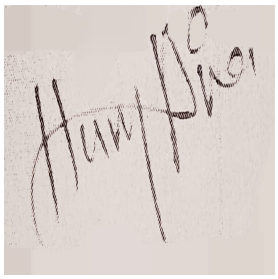
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
1795-502202-1451	(SPORE OF BACILLUS CLAUSI : 2 BILLION) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (12S, BLISTER)	7	Take 1sachet 3 Ti Day For 7 Day(s)
0097-230603-0832	(ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION	POWDER FOR SOLUTION (50S, SACHET)	5	Take 1sachet 1Tir perDay For 5 Day
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	Take 1Tablets 2 T Day For 6 Day(s)
0195-116604-0391	(METRONIDAZOLE : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 2 T Day For 7 Day(s)
0333-143602-1171	(CEFUROXIME : 500 MG) TABLETS	TABLETS (10S, FOIL STRIP)	7	Take 1Tablets 2 T Day For 7 Day(s)
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 1 T Day For 5 Day(s)

Date: 17-09-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp



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 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: 17-09-24(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