1.HealthNet Policy Number I038-000-118101322-01 2. Authorization Code:

2.Patient Name MUHAMMAD USMAN RAZZAQ ABDUL RAZZAQ

3.Patient Date of Birth & Sex 12-09-91(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0506373904

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

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

7.Presenting Complaints:

A case of multiple hyperaemic spots, mostly distributed on the lower trunk and perineum.

They are pruritic and slightly painful.

Psoriasis suspected, secondary syphyllis also suspected.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAllergy, unspecified, sequela, Tinea pedis, Tinea corporis, Muscle weakness (generalized) ICD Code T78.40XS, B35.3, B35.4, M62.81

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
6852-998301-1171	(ASCORBIC ACID (VITAMIN C) : 250 MG) (BILBERRY EXTRACT : 160 MG) (BUTCHERS BROOM : 800 MG) (GOTU KOLA : 100 MG) (HISPERIDIN (CITRUS AURANTIUM) : 100 MG) (HORSE CHESTNUT (AESCULUS HIPPOCASTANUM-SEED) : 1000 MG) TABLETS	TABLETS (30S, BLISTER)	30	Take 1Tablets 1Time(s) perDay For 30 Day(s) after meal
0281-367801-0431	(CALCIPOTRIOL : 50 MCG/G) (BETAMETHASONE (AS DIPROPIONATE) : 0.5 MG/G) GEL	GEL (60G, HDPE BOTTLE)	30	Take 1Cream 2 Time(s) per Day For 30 Day(s) others
0027-109204-1171	(TERBINAFINE (AS HCL) : 250 MG) TABLETS	TABLETS (14S, BLISTER PACK)	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) others
0027-109206-0151	(TERBINAFINE (AS HCL) : 1%) CREAM	CREAM (15G, TUBE)	30	Take 1Cream 2 Time(s) per Day For 30 Day(s) others

Date: 18-09-24(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: 18-09-24(dd/mm/yy) Signature of Insued / Claimint

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HealthNet