1.HealthNet Policy Number I038-000-119791447-01 2. Authorizatic Code:

2.Patient Name Camara Venzon Macaspac

3.Patient Date of Birth & Sex 10-06-21(dd/mm/yy) ☐ M Fema

Mobile No. 0507359179

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

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

7.Presenting Complaints:

co fever on and off running nose dry cough 12th sep. 2024

oe chest is congested no added sounds

restless

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Fever, unspecified, Cough, Allergic rhinitis, unspecified ICD Code J06.9, R50.9, R05, J30.9

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,nebulization with ventoline solution,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 code0188-135906-2441,94640,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

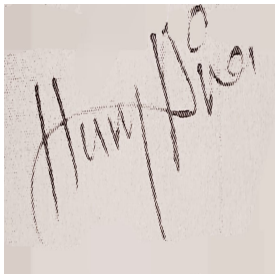
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instruc
0005-106604-1162	(PARACETAMOL : 120 MG/5ML) SYRUP	SYRUP (60ML ,	1	take 2n

Code	Generic	Dosage	Duration	Instruc
		BOTTLE)		needed
0139-116205-2151	(CLAVULANIC ACID : 28.5 MG/5 ML) (AMOXICILLIN : 200 MG/5ML) POWDER FOR SYRUP	POWDER FOR SYRUP (70ML, BOTTLE)	1	take 2n day
1086-123702-1381	(CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL)	SOLUTION (ORAL) (75ML, BOTTLE)	1	Take 1. in a day
1695-510201-1161	(TRIKATU : 2.5 MG/5 ML) (ADHATODA VASICA : 20 MG/5ML) (GLYCYRRHIZA GLABRA : 20 MG/5ML) (ZINGIBER OFFICINALE : 5 MG/5ML) (OCIMUM SANCTUM : 20 MG/5ML) (SOLANUM XANTHOCARPUM : 6.25MG/5ML) (MENTHA SYLVESTRIS : 3 MG/5ML) SYRUP	SYRUP (100ML, PLASTIC BOTTLE)	1	Take 1S Time(s) For 1 D others

Date: 19-09-24(dd/mm/yy)

Signature and Stamp



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 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: 19-09-24(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