1.HealthNet Policy Number: I038-000-117188491-01 2. Authorizati Code:

2.Patient Name: SULAIMAN MATOVU

3.Patient Date of Birth & Sex: 25-10-88(dd/mm/yy) ☑ M

Mobile No.0502949200

5.Nature of illness or Injury: ☐ Acute ☐ Chronic ☐ Emerger

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

7.Presenting Complaints:

fever

flu

back pain

stomach pain

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Acute upper respiratory infection, unspecified, Acute nasopharyngitis [common cold], Cough, Low back pain, Gastro-esophageal reflux disease without esophagitis

ICD Code J06.9, J00, R05, M54.5, K

12.Etiology:

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

14.Plan / Details of Management

a.Procedure TRIAXONE I.V.-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,DEXAMETHASONE SODIUM PHOSPHATE,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,RISEK 40MG,PULMICORT, (BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,Administered intravenously,Intramuscular injection,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,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 code 0005-107704-0802,0125 1022,2190-106618-1001,0005-174 0781,0188-135906-2441,0188-135 2441,96365,96372,85025,86140,9

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	Instructions
0027-265802-1161	(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	7	Take 1Syrup 2 Tim Day For 7 Day(s) a
0252-185801-0391	(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 2 Ti Day For 7 Day(s) a
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 2Tir perDay For 7 Day(meal
0195-123701-0391	CETIRIZINE HCL	Tablet	5	Take 1Tablets 1Tir perDay For 5 Day(before sleep

Date: 27-09-24(dd/mm/yy)

Signature and Stamp

Dr. Ahsan H
General Pract
DHA No: 87543
CITICARE MEDICAL
DUBAI - U.

Doctor's Name AHSAN HUSSAIN

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 me examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other pe provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, med 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: 27-09-24(dd/mm/yy) Signature of Insued / Claimint

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