1.HealthNet Policy Number I038-000-117931762-01 2. Authorization Code:

2.Patient Name MD NAZIM UDDIN ALI AHMED

3.Patient Date of Birth & Sex 24-01-87(dd/mm/yy) ☑ Male ☐

Mobile No.0501655603

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

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

7.Presenting Complaints:

PC: For follow up

Still has upper abdominal pain and epigastric pain and vomitting

Had 2 episodes of vomiting last night

H. pylori report came and it's significantly high

Eradication therapy with triple regimen is advised.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiHelicobacter pylori as the cause of diseases classd elswhr, Acute gastritis without bleeding, Epigastric pain, Vomiting, unspecified ICD Code B96.81, K29.00, R10.13, R11.10

12.Etiology:

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

14.Plan / Details of Management

a.Procedure9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000) CPT code9.01

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

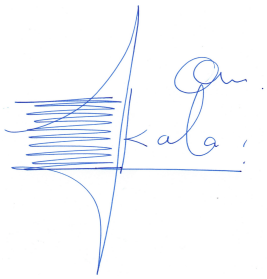
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0005-141604-0081	(ALUMINIUM HYDROXIDE : 200 MG) (MAGNESIUM HYDROXIDE : 200 MG) (SIMETHICONE : 25 MG) CHEWABLE TABLETS	CHEWABLE TABLETS (30S, BLISTER PACK)	7	Take 1Tablets per Day For 7 others
0195-148602-0391	(CLARITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER PACK)	7	Take 1Tablets per Day For 7 after meal

Code	Generic	Dosage	Duration	Instructions
0137-242802-0341	(PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (15S, BLISTER)	7	Take 1Tablets per Day For 7 before meal
6047-116403-1453	(AMOXICILLIN : 500 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (20S, BLISTER)	7	Take 2Capsul per Day For 7 after meal

Date: 28-09-24(dd/mm/yy)

Signature and Stamp



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: 28-09-24(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