1.HealthNet Policy Number I038-000-120937861-01 2. Authorization Code:

2.Patient Name MAHER AHMED IBRAHIM SAFI

3.Patient Date of Birth & Sex 28-11-82(dd/mm/yy) ☑ Male ☐ Female

Mobile No.055 134 2555

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

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

7.Presenting Complaints:

PC: swelling with pus on the scalp of the posterior head.

Also multiple pustular swellings on the back

Also inflamed looking swelling in the gum around a carious tooth in the upper jaw.

He is not diabetic and not hypertensive.

Exam: abscess in the posterior scalp

also skin abscess and cellulitis in the back.

FBS is advised

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiCutaneous abscess of head [any part, except face], Cutaneous abscess, unspecified, Type 2 diabetes mellitus with hyperglycemia, Headache, unspecified, Fever, unspecified

ICD Code L02.811, L02.91, E11.65, R51.9, R50.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,Glucose Quantitative Blood Xcpt Reagent Strip,Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single,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.,CEFTRIAXONE-TABUK IV,Administered intravenously,CLOFEN ,Intramuscular injection

CPT code85025,86140,82947,10060,9,0195-107704-0801,96365,0005-149902-1021,96372

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
1516-107902-1171	(IBUPROFEN : 400 MG) TABLETS	TABLETS (24S, BLISTER PACK)	4	Take 1Tablets 2 Time(s) per Day For 4 Day(s) after meal
0005-106601-0052	(PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BLISTER PACK)	4	Take 2Tablets 3 Time(s) per Day For 4 Day(s) after meal
0349-106203-1174	(MULTIVITAMINS : 30 MG) (MINERALS : 30 MG) TABLETS	TABLETS (25S, BOX)	30	Take 1Tablets 1Time(s) perDay For 30 Day(s) evening
0005-106305-0271	(ASCORBIC ACID (VITAMIN C) : 1000 MG) EFFERVESCENT TABLETS	EFFERVESCENT TABLETS (10S, BOX)	10	Take 1Tablets 1 Time(s) per Day For 10 Day(s) after meal
0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal

Date: 02-10-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

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 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: 02-10-24(dd/mm/yy) Signature of Insued / Claimint

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HealthNet