1.HealthNet Policy Number: I038-000-119943357-01 2. Authorization Code:

2.Patient Name: MUHAMMAD ADIL HAFEEZ

3.Patient Date of Birth & Sex: 19-08-82(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0526357119

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

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

7.Presenting Complaints:

PC: Diarrhea, has had over 7 episodes, now complaining of weakness

Also generalized body pain, abdominal pain

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute gastritis without bleeding, Diarrhea, unspecified, Weakness ICD Code K29.00, R19.7, R53.1

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureAdministered intravenously,DEXAMETHASONE SODIUM PHOSPHATE,CLOFEN ,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,RISEK 40MG,Intramuscular injection,Blood Count Complete Auto&Auto Difrntl Wbc Count,Antibody Helicobacter Pylori,C-Reactive Protein,LACTATED RINGERS INJECTION USP,SCOPINAL,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.,Lipid Panel,Hemoglobin Glycosylated A1C

CPT code96365,0125-122107-1022,0005-149902-1021,2190-106618-1001,0005-174202-0781,96372,85025,86677,86140,0102-152902-1001,0005-136504-1021,9,80061,83036

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
5792-876901-1381	(GLUCOSE MONOHYDRATE : 3.2 G/200ML) (TRISODIUM CITRATE DIHYDRATE : 5.9 G/200ML) (SODIUM CHLORIDE : 0.35 G/200ML) (POTASSIUM CHLORIDE : 0.3 G/200ML) SOLUTION (ORAL)	SOLUTION (ORAL) (200ML, PLASTIC BOTTLE)	3	Take 1Solution 1 Time(s) per Day For 3 Day(s) others
0170-502203-4021	(SPORE OF BACILLUS CLAUSI : 6000000000/2G) POWDER FOR ORAL SOLUTION	POWDER FOR ORAL SOLUTION (10 X 2G, SACHET)	10	Take 1sachet 1 Time(s) per Day For 10 Day(s) others
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	4	Take 2Tablets 3 Time(s) per Day For 4 Day(s) others
0188-232401-0392	(ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	7	Take 1Tablets 2Time(s) perDay For 7 Day(s) before meal

Code	Generic	Dosage	Duration	Instructions
0415-200001-1452	(LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	4	Take 2Tablets 1 Time(s) per Day For 2 Day(s) others. Then repeat 1 tablet after every loose stool. DO NOT take more than 4 tablets per day

Date: 16-10-24(dd/mm/yy)

Signature and Stamp

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

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 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: 16-10-24(dd/mm/yy) Signature of Insued / Claimint

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HealthNet