

Administrative Section

Policy number 13/XC/35522/0/144/E/0 Membership number

Patient name NARGIZA BEISHENBEK KYZY Provider name CITICARE MEDICAL CENTER LLC

Date of treatment Patient Gender 18-Oct-2024 O Male O Female

Medical Section

Type of visit Outpatient Inpatient If Emergency Maternity Optical

If Pregnant: L.M.P. Date Nature of conception O Natural O Assisted

Chief complaint

co flu dry cough can not sleep in the night due to cough 13th oct 2024

oe

chest is congested no addded sou nds

restless

smoker

History of present illness

ı	instory of present niness									
	Date	Doctor	Location	Quality	Severity	Duration	Timing	Context	Modifying Factor	Symptoms
	No Previous Complaints Found									

Clinical findings/other conditions

Past medical history

Details of trauma - if applicable (where, when & how) ☐ Work Related ☐ RTA Related ☐ Sports Related

If yes OProfessional ONon-Professional

Diagnosis

J06.9 - Acute upper respiratory infection, unspecified, R05 - Cough, T78.40XS - Allergy, unspecified, sequela, R50.9 - Fever, unspecified, K29.00 - Acute gastritis without bleeding

Treatment plan, recommended medications, investigations, and/or procedures

Treatments: 86140, C-REACTIVE PROTEIN (CRP),85025, COMPLETE BLOOD COUNT (CBC) BLOOD,0195-107704-0801, CEFTRIAXONE-TABUK IV,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE: 4 MG/ML) SOLUTION FOR INJECTION,96365, Intravenous infusion for therapy prophylaxis or diagnosis (specify substance or drug) initial up to,96372, Therapeutic prophylactic or diagnostic injection (specify substance or drug) subcutaneous or intramu,0188-135906-2441, PULMICORT-(BUDESONIDE: 0.5 MG/ML) SUSPENSION FOR NEBULIZATION, 9, GP Consultation

Prescription:0005-119805-1172 - (PREDNISOLONE: 5 MG) TABLETS,0005-116702-2481 - (DIPHENHYDRAMINE: 12.5 MG/5ML) SYRUP (SUGAR FREE),0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM): 20 MG) CAPSULES (HARD GELATIN),0097-127405-0391 -(AZITHROMYCIN: 500 MG) FILM COATED TABLETS, 2118-290301-0391 - (LEVOCETIRIZINE (DIHCL OR HCL): 5 MG) FILM COATED TABLETS,

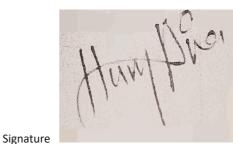
Patient declaration

I hereby confirm that I am the patient/AXA card holder, Patient's parent or guardian (if under 16 years of age) and I wish to claim and declare that all the details/ information given above are to the best of my knowledge true and correct. I hereby consent to and fully authorize the medical practitioner involved in the patient's care to discuss treatment details and discharge arrangements with and to AXA Insurance (Gulf) B.S.C © representative or any of AXA company affiliates. I subrogate all my rights in relation to this claim and I fully authorize and give access to AXA Insurance (Gulf) B.S.C © representative or any of AXA company affiliates to audit, review and copy all my medical records details including any historical medical records regardless the previous payer/insurer. I agree that

Medical practitioner declaration

I declare that I am the patient's medical practitioner, and that the particulars given are to the best of my knowledge true and correct.

Name



Date:18-Oct-2024

Dr. Humaira Mumtaz

General Practitioner

DHA No: 54155530-002

CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.

Stamp

Date:18-Oct-2024 WARNING:Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. Penalties may include but not be restricted to denial of insurance benefits / cover, rendering the insurance contract void and/or legal action to be taken where deemed necessary.

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