



1.HealthNet Policy Number

I038-000-
115269834-01

2.
Authorization
Code:

2.Patient Name

LYRA EDMILAO ARANTON

3.Patient Date of Birth & Sex

11-05-83(dd/mm/yy)

☐ Male ☒ Female

Mobile No.052840283

5.Nature of illness or Injury

☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician

☐ Yes ☐ No

7.Presenting Complaints:

co fever on and off dry cough nasal blokage 25th oct 2024

oe

chest is congested no added sounds

restless

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Fever, unspecified, Cough,
Allergic rhinitis, unspecified

ICD Code J06.9, R50.9, R05, J30.9

12.Etiology:

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

14.Plan / Details of Management

a.Procedurenebulization with ventoline solution,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.,VENTOLIN NEBULES

CPT code94640,9,0006-402803-2071

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

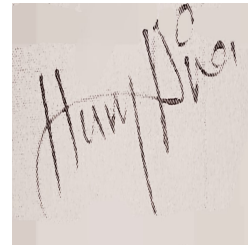
Code	Generic	Dosage	Duration	Instructions
6445- 533801- 1561	(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) DELAYED RELEASE CAPSULES	DELAYED RELEASE CAPSULES (30S, CONTAINER)	7	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others
0005- 116702- 2481	(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	1	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal
0005- 107001- 0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	Take 1Tablets 2 Time(s) per Day For 6 Day(s) others
0139- 116206- 1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1 Tablet at night

Date: 28-10-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Physician Code DHA-P-54155530 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: 28-10-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

NATIONAL GENERAL INSURANCE CO. (P.J.S.C)

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