1.HealthNet Policy Number	I038-000-115298213-01	2. Authorization Code:	
2.Patient Name	PHILIP SHIVERENJE AMIAMI		
3.Patient Date of Birth & Sex	28-08-85(dd/mm/yy)	☑ Male ☐ Female	
	Mobile No.505654352		
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 taking penadol at home pain in the abdomen heart burn dehydration diarrhea 4 times 29th oct 20

oe chest is clear no added sounds

restless

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Infectious gastroenteritis and colitis, unspecified, Diarrhea, unspecified, Epigastric pain, Acute gastritis without bleeding, Dehydration	ICD Code A09, R19.7, R10.13, K29.00, E86.0

12.Etiology:

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

14.Plan / Details of Management

a.Procedure Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,CEFTRIAXONE-TABUK IV,	CPT code85025,86140,0005-242802-0781,0195-107704-0801,2305-116601-1021,0102-111908-10(

(METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INJECTION,SODIUM CHLORIDE B.P.,Administered intravenously,Antibody Helicobacter Pylori,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.

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

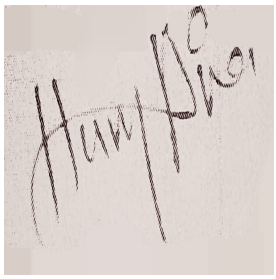
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
1795-502202-1451	(SPORE OF BACILLUS CLAUSI : 2 BILLION) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (12S, BLISTER)	5	Take 1Capsul perDay For 5
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	Take 1Tablets Day For 6 Day
6445-533801-1561	(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES	DELAYED RELEASE CAPSULES (30S, CONTAINER	7	Take 1Tablets Day For 7 Day
0102-230603-0831	(ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION	POWDER FOR SOLUTION (28.5G X 10, SACHET)	5	Take 1sachet perDay For 5
0195-116604-0391	(METRONIDAZOLE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	5	Take 1Tablets Day For 5 Day

Code	Generic	Dosage	Duration	Instructions
3114-482003-0391	(CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	5	Take 1Tablets Day For 5 Day

Date: 01-11-24(dd/mm/yy)

Signature and Stamp



Dr. Hum
General
DHA No:
CITICARE MED
DUBA

Doctor's Name Humaira

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 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 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: 01-11-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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