1.HealthNet Policy Number: I038-000-120174220-01 2. Authorization Code:

2.Patient Name: Diluka Senavirathna Rangiri pathiranage

3.Patient Date of Birth & Sex: 02-07-83(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0543529670

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

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

7.Presenting Complaints:

REVIEWED!!

Recurrent fever with upper respiratory tract symptoms

Been on treatment for the past 3days with no relief.

Still has fever, chills, chest pain, difficulty breathing, myalgia and low back pain.

No GIT symptoms, no urinary symptoms.

A known diabetic on Janumet, 500mg bid

RBS = 235mg/dl

For urinalysis and FBS tomorrow morning

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Fever, unspecified, Cough, Acute gastritis without bleeding, Allergic rhinitis, unspecified, Type 2 diabetes mellitus w diabetic neuropathic arthropathy, Urinary tract infection, site not specified

ICD Code J06.9, R50.9, R05, K29.00, J30.9, E11.610, N39.0

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCul Bact Xcpt Urine Blood/Stool Aerobic Isol,CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,Intramuscular injection,SODIUM CHLORIDE B.P.,Administered intravenously,GRBS,Cul Bact Aerobic Addl Meths Definitive Ea Isol,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000),Urnls Dip Stick/Tablet Reagent Auto Microscopy,Glucose Quantitative Blood Xcpt Reagent Strip

CPT code87070,0005-149902-1021,96372,0102-111908-1001,96365,82947-1,87077,9.01,81001,82947

b.Laboratiry Test:

c.Radiology / Investigations:

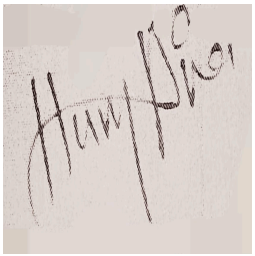
15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

16. PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
2027-560101-0392	(IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (16S, BLISTER	4	Take 2Tablets 2 Time(s) per Day For 4 Day(s) after meal
6659-273401-0061	(OSELTAMIVIR (AS PHOSPHATE) : 75 MG) CAPSULES	CAPSULES (10S, BLISTER)	10	Take 1Tablets 1Time(s) perDay For 10 Day(s) after meal

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

Signature and Stamp



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

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 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: 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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HealthNet