1.HealthNet Policy Number: I038-000-117635838-01 2. Authorization Code:

2.Patient Name: LOIQ YOROV

3.Patient Date of Birth & Sex: 24-05-01(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0503542101

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

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

7.Presenting Complaints:

PC: FEVER 2 DAYS

FLU

HEADACHE

COUGH

SORETHROAT 2 DAYS

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Acute nasopharyngitis [common cold], Low back pain, Acute bronchitis, unspecified, Muscle spasm of back, Fever, unspecified

ICD Code J06.9, J00, M54.5, J20.9, M62.830, R50.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureTRIAXONE I.V.-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,Administered intravenously,Intramuscular injection,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,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.

CPT code0005-107704-0802,2190-106618-1001,0125-122107-1022,96365,96372,85025,86140,9

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 |
|---|---|---|---|---|
| 0027-265802-1161 | (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V SYRUP | SYRUP (200ML, BOTTLE | 7 | Take 1Syrup 2 Time(s) per Day For 7 Day(s) after meal |
| 0252-185801-0391 | (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS | FILM COATED TABLETS (20S, BLISTER PACK) | 7 | Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal |

| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| 0139-116206-1171 | (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS | TABLETS (14S, BLISTER PACK) | 7 | Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal |
| 0195-123701-0391 | (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS | FILM COATED TABLETS (10S, BLISTER PACK) | 7 | Take 1Tablets 1 Time(s) per Day For 7 Day(s) evening |

Date: 02-11-24(dd/mm/yy)

Signature and Stamp

Dr. Ahsan Hussain
General Practitioner
DHA No: 87543658-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Doctor's Name AHSAN HUSSAIN

Physician Code DHA-P-87543658 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: 02-11-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet