1.HealthNet Policy Number I038-000-121404796-01 2. Authorization Code:

2.Patient Name CAREN JOY RUIZ ABENES

3.Patient Date of Birth & Sex 08-11-91(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0563896507

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

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

7.Presenting Complaints:

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Allergic rhinitis, unspecified, Fever, unspecified, Cough, Urinary tract infection, site not specified, Acute gastritis without bleeding

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

12.Etiology:

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

14.Plan / Details of Management

a.Procedure9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000),CEFTRIAXONE-TABUK IV,Administered intravenously, (METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INJECTION,PULMICORT,nebulization with ventoline solution

CPT code9.01,0195-107704-0801,96365,0056-116601-1021,0188-135906-

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission:

Date of Discharge:

16.

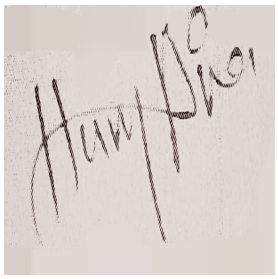
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructi
0097-658501-0252	(TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (30 X 4.25G, SACHET)	7	Take 1sa Time(s) 7 Day(s)

Date: 10-11-24(dd/mm/yy)

Doctor's Name Humaira

Signature and Stamp



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 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: 10-11-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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