1.HealthNet Policy Number	I038-000-121123850-01	2. Authorization Code:
2.Patient Name	HAIDER ALI DILDAR ALI	
3.Patient Date of Birth & Sex	12-11-92(dd/mm/yy)	☑ Male ☐ Female
	Mobile No.0565350914	
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency	
6.Are You the patient's primary physician	☐ Yes ☐ No	

7.Presenting Complaints:

Severe throat pain, with inability to swallow.

Associated fever and severe pain in the right ear.

Also complaining of generalized body pain weakness and myalgia.

Previously presented few days ago and antibiotics given but was not taken as prescribed (took augmentin half (500mg) once daily; which is clearly inadequate.

Exam: Marked tonsillar hypertrophy and hyperemia with both sides almost kissing.

shows purulent exudate.

Right ear is markedly inflamed with tensed and bulging tympanic membrane.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute tonsillitis, unspecified, Acute serous otitis media, right ear, Fever, unspecified, Myalgia, unspecified site	ICD Code J03.90, H65.01, R50.9, M79.10

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureAdministered intravenously,CEFTRIAXONE-TABUK IV,CLOFEN ,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,DEXAMETHASONE	CPT code96365,0195-107704-0801,0005-149902-1021,2190-106618-1001,0125-122107-102

SODIUM PHOSPHATE,GP repeat visit for OP Consultation refers to week 2, 3 & 4 from the date of initial consultation for same illness in OPD.,Intramuscular injection

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
0085-387501-0241	(HYDROCORTISONE : 10 MG/ML) (CIPROFLOXACIN (AS HYDROCHLORIDE) : 2 MG/ML) EAR DROPS	EAR DROPS (10ML, VIAL + DROPPER)	5	Take 2Drops 4 per Day For 5 D meal
1516-107902-1171	(IBUPROFEN : 400 MG TABLETS	TABLETS (24S, BLISTER PACK	5	Take 1Tablets 3 per Day For 5 D meal
0219-142902-1451	(CEFIXIME : 400 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (5S, BLISTER PACK)	10	Take 1Tablets 1 perDay For 10 after meal

Date: 12-11-24(dd/mm/yy)

Signature and Stamp

Dr. Enomen Goo
General Prac
DHA No: 2804
CITICARE MEDICA
DUBAI - U

Doctor's Name Enomen Goodluck

Physician Code DHA-P-28040827 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: 12-11-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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