1.HealthNet Policy Number I038-000-115298087-01 2. Authorization Code:

2.Patient Name FASSIH SISSAOUI

3.Patient Date of Birth & Sex 20-05-85(dd/mm/yy) ☑ Male ☐ Female

Mobile No.971568038602

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

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

7.Presenting Complaints:

pc: urinary burning 6 day 08/11/2024

fever 6 days 8/11/2024

repeat the urinalysis after 7 days medication

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiUrinary tract infection, site not specified, Fever, unspecified ICD Code N39.0, R50.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureUrnls Dip Stick/Tablet Reagent Auto Microscopy,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000),Blood Count Complete Automated,C-Reactive Protein CPT code81001,9.01,85027,86140

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

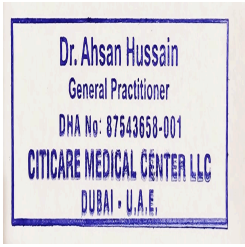
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 13-11-24(dd/mm/yy)

Doctor's Name AHSAN HUSSAIN

Signature and Stamp



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: 13-11-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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