| | |
|---|---|
| 1.HealthNet Policy Number | I038-000-116927662-01 |
| 2. Authorizatio Code: | |
| 2.Patient Name | GENE MICHAEL ZABALLERO ARRIETA |
| 3.Patient Date of Birth & Sex | 28-05-90(dd/mm/yy) ☑ M Fema |
| | Mobile No.0501961139 |
| 5.Nature of illness or Injury | ☐ Acute ☐ Chronic ☐ Emergency |
| 6.Are You the patient's primary physician | ☐ Yes ☐ No |

7.Presenting Complaints:

Represented for follow up

C/o: lower back pain, feeling of congestion on the throat, chest pain, difficulty breathing and central back pain

symptoms are worst at night.

Fever has however subsided and he has improved.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

| | |
|---|---|
| DiagonosisiGastro-esophageal reflux disease without esophagitis, Gastritis, unspecified, without bleeding, Low back pain, Acute bronchitis, unspecified, Allergic rhinitis, unspecified | ICD Code K21.9, K29.70, M54.5, J20.9 |

12.Etiology:

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

14.Plan / Details of Management

| | |
|---|---|
| a.ProcedureOffice 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 code9 |

b.Laboratiry Test:

c.Radiology / Investigations:

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

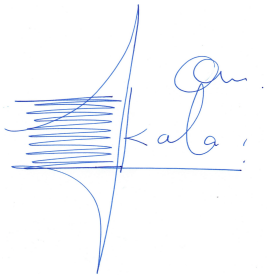
16.

**PRESCRIPTION WITH DOSAGE & DURATION**

| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| 0102-148701-1171 | (LORATADINE : 10 MG) TABLETS | TABLETS (10S, BLISTER PACK) | 10 | Take 1Tablets 1 Time(s For 10 Day(s) evening |
| 0090-265901-1171 | (MONTELUKAST : 10 MG) TABLETS | TABLETS (28S, BLISTER PACK) | 28 | Take 1Tablets 1Time(s For 28 Day(s) evening |
| 0005-106601-0052 | (PARACETAMOL : 500 MG) CAPLETS | CAPLETS (24S, BLISTER PACK) | 4 | Take 2Tablets 3 Time(s For 4 Day(s) after mea |
| 0188-232401-0391 | (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS | FILM COATED TABLETS (14S, BLISTER PACK) | 7 | Take 1Tablets 2Time(s For 7 Day(s) before me |

Date: 14-11-24(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: 14-11-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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