



1. HealthNet Policy Number

2. Patient Name

3. Patient Date of Birth & Sex

5. Nature of illness or Injury

6. Are You the patient's primary physician

7. Presenting Complaints:

PC: Severe diarrhea of over 7 episodes

Associated nausea but has not vomitted.

also fever and severe epigastric pain.

Duration: 2days.

Said to have began after eating burger yesterday evening.

Now feels weak and tired, thus neccessitating his presentation to the clinic.

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute gastritis without bleeding, Fever, unspecified, Epigastric pain, Diarrhea, unspecified

12. Etiology:

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

14. Plan / Details of Management

a. Procedure Administered intravenously, (SODIUM CHLORIDE : 0.9% W/V) SOLUTION FOR INFUSION, (CIPROFLOXACIN : 200 MG/100ML) SOLUTION FOR INFUSION, (METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, RISEK 40MG, SCOPINAL, Blood Count Complete Auto&Auto Diffrntl 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 families 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.

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

 1038-000-119394093-01
 2. Authorization Code:

MUHAMMADJON SHARIFOV

06-08-03(dd/mm/yy) ☒ Male ☐ Female

Mobile No. 0565691101

☐ Acute ☐ Chronic ☐ Emergency☐ Yes ☐ No

ICD Code K29.00, R50.9, R10.13, R19.7

CPT code 96365, 0384-111908-1002, 0002-103205-1001, 0148-116601-1001, 2190-106618-1001, 0005-174202-0781, 0005-136504-1021, 85025, 86140, 9

Code	Generic	Dosage	Duration	Instructions
0097-230603-0831	(ORAL REHYDRATION SALTS (O.R.S. : N/A POWDER FOR SOLUTION	POWDER FOR SOLUTION (10S, SACHET	3	Take 1Powder 1Time(s) perDay For 3 Day(s) others
0415-200001-1452	(LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	1	Take 2Capsule 1 Time(s) per Day For 1 Day(s) after meal
0042-136501-1173	(HYOSCINE : 10 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
0137-242802-0341	(PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS	ENTERIC COATED TABLETS (15S, BLISTER)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others
0097-103201-0391	(CIPROFLOXACIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others

Date: 16-11-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp



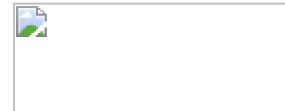
Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

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 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: 16-11-24(dd/mm/yy) Signature of Insured / Claimint

Copy of NGI - Pharmacy

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

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