1.HealthNet Policy Number: I038-000-117669243-01

2. Authorization Code:

2.Patient Name: SYED ARSALAN JAVED BANOORI SYED ILYAS HAIDER JAVED

3.Patient Date of Birth & Sex: 17-09-91(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0521983186

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

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

7.Presenting Complaints:

PC: Wheezing, shortness of breath and chest pain.

Duration: 5days (13/11/2024).

Known asthmatic diagnosed 3years ago.

on regular ventolin inhaler but said to have finished as he had none to use.

Also known hypercholesterolemia patient.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute bronchitis, unspecified, Mild intermittent asthma with (acute) exacerbation, Wheezing, Dyspnea, unspecified, Cough

ICD Code J20.9, J45.21, R06.2, R06.00, R05

12.Etiology:

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

14.Plan / Details of Management

a.Procedurenebulization with ventoline solution,PULMICORT,VENTOLIN NEBULES,Blood Count Complete Auto&Auto Difrntl 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 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 code94640,0188-135906-2441,0006-402803-2071,85025,86140,9

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
6534-101511-1381	(ACETYLCYSTEINE : 100 MG/5ML) SOLUTION (ORAL)	SOLUTION (ORAL) (200ML, BOTTLE)	10	Take 10ML 2 Time(s) per Day For 10 Day(s) after meal
0005-119803-1171	(PREDNISOLONE : 20 MG TABLETS	TABLETS (20S, BLISTER PACK	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) evening
5790-272103-3782	(BUDESONIDE : 160 MCG (FORMOTEROL FUMARATE : 4.5 MCG DRY POWDER INHALER	DRY POWDER INHALER (120 DOSE, METERED DOSE INHALER	30	Take 2Puff 1 Time(s) per Day For 30 Day(s) evening

Code	Generic	Dosage	Duration	Instructions
0090-265901-1171	(MONTELUKAST : 10 MG) TABLETS	TABLETS (28S, BLISTER PACK)	28	Take 1Tablets 1 Time(s) per Day For 28 Day(s) evening

Date: 18-11-24(dd/mm/yy)

Signature and Stamp

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

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 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: 18-11-24(dd/mm/yy) Signature of Insued / Claimint

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