1.HealthNet Policy Number I038-000-118379043-01 2. Authorization Code:

2.Patient Name AJIT SINGH DAULAT SINGH

3.Patient Date of Birth & Sex 23-07-91(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0504994623

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

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

7.Presenting Complaints:

co heart burn epigastric pain heavyness of chest nov. 2024

oe chest is clear no added sounds

restless

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiOther chest pain, Epigastric pain, Acute gastritis without bleeding, Dehydration ICD Code R07.89, R10.13, K29.00, E86.0

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCOMPLETE BLOOD COUNT (CBC), BLOOD,C-REACTIVE PROTEIN (CRP),Antibody; Helicobacter pylori,SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION,Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour,PANTONIX 40MG I.V.,INJECTION SERVICE-IV,LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION,INJECTION SERVICE-IM,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.,SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION,PANTONIX 40MG I.V.,LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION,Administered intravenously,C-Reactive Protein,Blood Count Complete Auto&Auto Difrntl Wbc Count,Antibody Helicobacter Pylori,Intramuscular injection

CPT code85025,86140,86677,0005-136504-1021,96365,0005-242802-0781,96374,0102-152902-1001,96372,9,0005-136504-1021,0005-242802-0781,0102-152902-1001,96365,86140,85025,86677,96372

b.Laboratiry Test:

c.Radiology / Investigations:

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

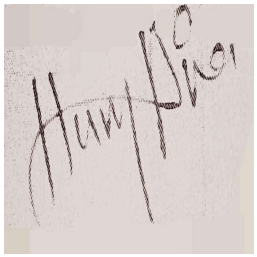
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
1267-141614-1111	(ALUMINIUM HYDROXIDE : 225 MG/5ML (SIMETHICONE : 25 MG/5 ML (MAGNESIUM HYDROXIDE : 200 MG/5ML SUSPENSION	SUSPENSION (355ML, PLASTIC BOTTLE	1	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal
6445-533801-1561	(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES	DELAYED RELEASE CAPSULES (30S, CONTAINER	14	Take 1Capsule 2 Time(s) per Day For 14 Day(s) others

Date: 26-11-24(dd/mm/yy)

Signature and Stamp



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Doctor's Name Humaira

Physician Code DHA-P-54155530 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: 26-11-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet