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ADMINISTRATIVE The member is allowed for **Out Patient** at the CITICARE MEDICAL CEN **AMR AHMED** Patent Name: Gender: Male Validity Between: 01/05/2024 and 3 **MOHAMMED GHONEIM** Coverage Informaton 7/1/1992 12:00:00 Card No: ED77-C156-4D52-A693 DOB: **Out Patient** ΑM for: RN UAE (Al Ansa Pin #: Identty Card: Network: **MEDGULF** Natonal ID: 784-1992-4937812-8 Service Date: 27-Nov-2024 Radiology: Covered Patent's Tel No: 0589211692 Threshold Policy Holder: Limit: **UNITED INSURANCE** Payer Name: Class: Normal **COMPANY** Out-Patent: Patent's File 44669 Category: **Category B** Pharmacy: **Co-Part: 20%** No: Gatekeeper: No Consultation: Laboratory: Covered Referral No: Referred Service: SUBJECTIVE ASSESSMENT Symptom(s) as described by the patent (Chief Complaint): Date of Symptom DD MM **Complaint** co fever on and off dry cugh nasal blockage 22nd oct 2024 oe enlarge and inflamed tonsills chest is congested no added sounds restless smoker allergy to dexamathasone Date of Sympton O Yes Past Medical Surgical History? O No DD MM Date of Sympton Obs/Gyn Claims DD MM AB: Para Gravida: LMP: Marital Status: Marital Date:

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Pharmacy

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0188-135906-2441

0102-152902-1001

0005-149902-1021

0005-174202-0781

86140

85025

96372

96365

PULMICORT

C-reactive protein;

initial, up to 1 hour

CLOFEN

RISEK 40MG

automated differential WBC count

LACTATED RINGERS INJECTION USP

subcutaneous or intramuscular

What date did the P	atient first feel	same / similar Symptom(s)	: dd mm yyyy					
Is the Patient under	any type of Tr	eatment? O Yes O No	if yes, indicat	e what Assessment and since when:				
OBJECTIVE / ASSE	ESSMENT(To I	be completed by Physician)						
Clinical Findings :				Vital Signs: B/P:110 T:37.2 RR:18	HR :			
Assessment/Diagn INDICA		Acute Chronic IS NOT SYMPTOM	O Confirme	ed OSuspected				
Туре		Code	Diagnosis	Diagnosis				
Primary		J03.90	Acute ton	Acute tonsillitis, unspecified				
Secondary		J30.9	Allergic rh	Allergic rhinitis, unspecified				
Secondary		R05	Cough	Cough				
Secondary		R50.9	Fever, uns	Fever, unspecified				
Secondary		K29.00	Acute gast	Acute gastritis without bleeding				
Secondary		M54.5	Low back	Low back pain				
Secondary		E86.0	Dehydrati	Dehydration				
Secondary		M62.830	Muscle sp	Muscle spasm of back				
ACCIDENT/OCCUP	ATIONAL Clai	m Informaton (complete	if claim is a re	sult of accident or work related illness/in	ijury)			
Accident or illness due to work?			Injury due to road accident?	Describe how the accident or work related injury/illn				
○ Yes ○ No			O Yes O					
Date of accident of	r beginning of	fillness:						
MEDICAL PLAN Ite	mized Origina	l Invoices and Applicable	Prescriptions	/ Reports / Results must be enclosed to co	nsider claim			
CPT Code	Treatme	Treatment						
96361		ous infusion, hydration; e ary procedure)	ach additional	hour (List separately in addition to code	Co.Pay			
9	GP Consi	ultation			General Consultat			
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)							

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Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and

Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug);

Therapeutic, prophylactic, or diagnostic injection (specify substance or drug);

Code Generic 1217-373201-2401 (TOLPERISONE: 150 MG) SUGAR COATED TABLETS 7 Fake 1 Tablets 2 Till For 7 Day(s) even over 1 For 5 Day(s) even over 1 For 5 Day(s) even over 1 For 5 Day(s) after 1 For 7 Day(s) after 2 For 7 Day(s) after 2 For 7 Day(s) after 3 For 7 Day(s) after 2 For 7 Day(s) after 3 Fo	CPT Code	Treatment								Туре	
Code Generic Duration Instructions 1217-373201-2401 (TOLPERISONE: 150 MG) SUGAR COATED TABLETS 7 Take 1Tablets 2 TI 60046-159501-0341 (SERRATIOPEPTIDASE: 5 MG) ENTERIC COATED TABLETS 5 Take 1Tablets 2 TI 60252-185801-0391 (DIPHENHYDRAMINE: 25 MG) ENTERIC COATED TABLETS 7 Take 1Tablets 2 TI 60252-185801-0391 (CEDHENHYDRAMINE: 30 MG) FILM COATED TABLETS 7 Take 1Tablets 2 TI 60139-116206-1171 (CLAVULANIC ACID: 125 MG) (AMOXICILLIN: 875 MG) TABLETS 7 Take 1Tablets 2 TI 6017 Day(s) after 10195-123701-0391 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 2 TI 6017 Day(s) after 10195-123701-0391 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 2 TI 60195-123701-0391 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 2 TI 60195-123701-0391 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 2 TI 60195-123701-0391 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 2 TI 60195-123701-0391 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 2 TI 60195-123701-0391 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 2 TI 60195-123701-0391 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 2 TI 60195-123701-0391 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 2 TI 60195-123701-0391 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 2 TI 60195-123701-0391 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 2 TI 60195-123701-0391 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 2 TI 60195-123701-0391 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 7 Take 1Tablets 2 TI 60195-123701-0391 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 7 Take 1Tablets 2 TI 60195-123701-0391 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 7 Take 1Tablets 2 TI 60195-123701-0391 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 7 Take 1Tablets 2 TI 60195-123701-0391 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 7 Take 1Tablets 2 TI 60195-123701-0391 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 7 Take 1Tablets 2 TI 60195-123701-0391 (CETIRIZINE HCL: 10 MG) FIL	2190-106618-1001	PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION								Pharmac	
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Comparison Com	Code	Generic Duration I							Instruc	tions	
DEFINATION DEF	1217-373201-2401	(TOLPERISONE : 150 MG) SUGAR COATED TABLETS					ETS	7	Take 1Tablets 1 Tir For 7 Day(s) evening		
O22-18-5301-03-91 (PSEUDOEPHEDRINE: 30 MG) FILM COATED TABLETS 7 For 7 Day(s) after 0139-116206-1171 (CLAVULANIC ACID: 125 MG) (AMOXICILLIN: 875 MG) TABLETS 7 Take 1Tablets 2 Ti For 7 Day(s) after 0195-123701-03-91 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 1 Ti For 5 Day(s) other 0195-123701-03-91 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 1 Ti For 5 Day(s) other 0195-123701-03-91 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 1 Ti For 5 Day(s) other 0195-123701-03-91 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 1 Ti For 5 Day(s) other 0195-123701-03-91 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 1 Ti For 5 Day(s) other 0195-123701-03-91 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 2 Ti For 7 Day(s) after 0195-123701-03-91 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 2 Ti For 7 Day(s) after 0195-123701-03-91 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 2 Ti For 7 Day(s) after 0195-123701-03-91 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 2 Ti For 7 Day(s) after 0195-123701-03-91 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 2 Ti For 7 Day(s) after 0195-123701-03-91 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 2 Ti For 7 Day(s) after 0195-123701-03-91 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 5 Take 1Tablets 2 Ti For 7 Day(s) after 0195-123701-03-91 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 7 For 7 Day(s) after 195-123701-03-91 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 7 For 7 Day(s) after 195-123701-03-91 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 7 For 7 Day(s) after 195-123701-03-91 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 7 For 7 Day(s) after 195-123701-03-91 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 7 For 7 Day(s) after 195-123701-03-91 (CETIRIZINE HCL: 10 MG) FILM COATED TABLETS 7 For 7 Day(s) after 195-123701	0046-159501-0341	(SERRATIOPEPTIDASE : 5 MG) ENTERIC COATED TABLETS					5	Take 1Tablets 2 Tir For 5 Day(s) after r			
CLEAVOLANIC ACID : 125 Mig) (AMOXICILLIN : 8/5 Mig) (ABLETS For 7 Day(s) after	0252-185801-0391							7	Take 1Tablets 2 Tir For 7 Day(s) after r		
Pharmacy: Estmated Costs Surgery: Other Procedures: If yes please specify Indicate Provider I hereby certfy that all informaton mentoned are correct & that the medical services shown on this form were medically indicated & necessary for the management of this case. Treating Physician Name: AHSAN HUSSAIN Tel / Fax (important): Signature & Stamp Di Alsan Hussin Center Provider Patient's Signature(Parent if minor) Patient's Signature(Parent if minor) Date: Date: 27-Nov-2024	0139-116206-1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS						7	Take 1Tablets 2 Tir For 7 Day(s) after r		
Surgery: Onther Procedures: Physiotherapy: Onther Procedures: If yes please specify Indicate Provider Indicate Provide	0195-123701-0391	(CETIRIZINE	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS					5	Take 1Tablets 1 Tir For 5 Day(s) others		
Is In-patient Required? Length of Stay Indicate Provider I hereby certfy that all informaton mentoned are correct & that the medical services shown on this form were medically indicated & necessary for the management of this case. Treating Physician Name: AHSAN HUSSAIN Tel / Fax (important): Physiotherapy:	O Pharmacy:		Estmated Cost	s			O Laboratory / Rad	iology:	Estma	ted Costs	
If yes please specify Is In-patient Required? Length of Stay Indicate Provider I hereby certfy that all informaton mentoned are correct & that the medical services shown on this form were medically indicated & necessary for the management of this case. Treating Physician Name: AHSAN HUSSAIN Tel / Fax (important): Signature & Stamp DI. Alsan Hussain General Practioner DIA have \$154565-001 COTCARE MEDICAL CENTER LC DUBLI-LALE Patient's Signature(Parent if minor) Date: Date: 27-Nov-2024				O Su	ırgery:	0	Endoscopy:				
Indicate Provider I hereby certfy that all information mentioned are correct & that the medical services shown on this form were medically indicated & necessary for the management of this case. Treating Physician Name: AHSAN HUSSAIN Tel / Fax (important): Signature & Stamp Dr. Ahsan Hussain General Practitioner DMA No. 0754050-001 CITCARE MEDICAL CENTER LLC DUBAN LALE Patient's Signature(Parent if minor) Date: Date: 27-Nov-2024	s the following required			O Physiotherapy: Other P		Other Procedures:	Procedures:				
I hereby certfy that all informaton mentoned are correct & that the medical services shown on this form were medically indicated & necessary for the management of this case. Treating Physician Name: AHSAN HUSSAIN Tel / Fax (important): Signature & Stamp Dr. Ahsan Hussain General Practitioner DHA No. 8754565-011 CTICARE MEDICA. CENTER LLC USAN - U.A.L. Patient's Signature(Parent if minor) Date: Date: 27-Nov-2024						If ye	s please specify				
Re that the medical services shown on this form were medically indicated & necessary for the management of this case. Treating Physician Name: AHSAN HUSSAIN Tel / Fax (important): Signature & Stamp Dr. Ahsan Hussain General Practitioner DH. No. 9151365-011 CITCAR MEDICAL CENTER LC UBAN-ULE Patient's Signature(Parent if minor) Date: Date: 27-Nov-2024	ls In-patient Required ?	Length of Sta	у		Indicate Provider						
Treating Physician Name : AHSAN HUSSAIN Tel / Fax (important): Signature & Stamp Dr. Ahsan Hussain General Practitioner DHA No: 87543655-001 CITCARE MEDICAL CENTER LLC DUBAI- U.A.E. Patient's Signature(Parent if minor) Date : Date : 27-Nov-2024	& that the medical se	rvices shown o	on this form we	re	release of	any i ose (nformaton regarding r of determining insurar	my medical c nce benefts. I	onditon	and history	
Signature & Stamp Dr. Ahsan Hussain General Practitioner DHA No: 87543658-001 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E. Patient's Signature(Parent if minor) Date: Date: 27-Nov-2024	Treating Physician Nan	ne : AHSAN H	USSAIN			,	.,				
Dr. Ahsan Hussain General Practitioner DHA No: 87543658-001 CITICARE MEDICAL CENTER LLC DUBAI • U.A.E. Patient's Signature(Parent if minor) Date: Date:	Tel / Fax (important):										
Date : 27-Nov-2024	General Practitioner DHA No: 87543658-001 Citicare Medical Center LLC				Patient's	Sign	ature(Parent if minor)				
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		submited alo	ng with support	ng doc				f service			

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doctors.

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