

1.HealthNet Policy Number	I038-000- 117276825-01	2. Authorization Code:	
2.Patient Name	RAMANI KANTA SINGHA GHANASHYAM SINGHA		
3.Patient Date of Birth & Sex	05-08-97(dd/mn	n/yy)	
	Mobile No.058	1786399	
5.Nature of illness or Injury	☐ Acute ☐ Ch	ronic   Emergency	
6.Are You the patient's primary physician	☐ Yes ☐ No		
7.Presenting Complaints:			
co fever on and off running pain in the chest dry cough 29th nov. 2024			
oe chest is congested no added sounds			
restless			
8.Duration of Symptoms:			
9.Onset of Condition:			
10.Relevent Past Medical/Surfgical History			
DiagonosisiAcute upper respiratory infection, unspecified, Fever, unspecified, Cough, Allergic rhinitis, unspecified, Acute gastritis without bleeding	ICD Code J06.9 K29.00	9, R50.9, R05, J30.9,	
12.Etiology:			
13.In case of Injury:mode of Injury/place of Injury			
14.Plan / Details of Management			
a.ProcedureCEFTRIAXONE-TABUK IV,Administered intravenously,CLOFEN - (DICLOFENAC SODIUM: 75 MG/3ML) SOLUTION FOR INJECTION,Intramuscular injection,PULMICORT-(BUDESONIDE: 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,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.		107704-0801,96365,0005- 372,0188-135906-2441,9	
b.Laboratiry Test:			
c.Radiology / Investigations:			
15.In Case of Hospitalization: Date of Addmission:	Date of Discha	rge:	
16. PRESCRIPTION WITH DOSAGE & DURAT	ION		

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PRESCRIPTION WITH DOSAGE & DURATION							
Code	Generic	Dosage	Duration	Instructions			
0219- 533801- 0391	(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG FILM COATED TABLETS	FILM COATED TABLETS (14S, HDPE BOTTLE	7	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others			
0005- 116702- 2481	(DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE	SYRUP (SUGAR FREE (120ML, BOTTLE	1	Take 10ML 3 Time(s) per Day For 7 Day(s) after meal			
0005- 107001- 0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6	Take 1Tablets 2 Time(s) per Day For 6 Day(s) others			
0139- 116206- 1171	(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others			

	Code	Generic	Dosage	Duration	Instructions
1	)195- 123701- )391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	10	Take 1Tablet at night

Date: 01-12-24(dd/mm/yy)

Signature and Stamp

Doctor's Name Humaira

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

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: 01-12-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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



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