1.HealthNet Policy Number: I038-000-121416775-01

2. Authorization Code:

2.Patient Name: RUMESH GEETHARANGA WELIVITIGODA KANKANAMGE

3.Patient Date of Birth & Sex: 01-03-87(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0502292009

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

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

7.Presenting Complaints:

PC: High grade fever, headache and pain in throat.

there is associated cough and nasal congestion with sneezing.

also has back pain.

Duration: 2days.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Allergic rhinitis, unspecified, Acute pansinusitis, unspecified, Fever, unspecified

ICD Code J06.9, J30.9, J01.40, R50.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureAdministered intravenously,CLOFEN ,DEXAMETHASONE SODIUM PHOSPHATE,Blood Count Complete Auto&Auto Difrntl Wbc Count,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,C-Reactive Protein,Intramuscular injection,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 code96365,0005-149902-1021,0125-122107-1022,85025,2190-106618-1001,86140,96372,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

PRESCRIPTION WITH DOSAGE & DURATION

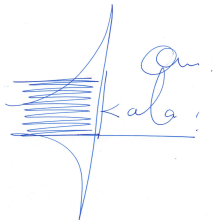
Code	Generic	Dosage	Duration	Instructions
0005-119803-1171	(PREDNISOLONE : 20 MG TABLETS	TABLETS (20S, BLISTER PACK	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal
0005-116801-1162	(SODIUM CITRATE : 57 MG/5ML (AMMONIUM CHLORIDE : 131.5 MG/5 ML (MENTHOL : 1.1 MG/5 ML (DIPHENHYDRAMINE : 13.5 MG/5ML SYRUP	SYRUP (5ML X 20, SACHET	7	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal
1516-107902-1171	(IBUPROFEN : 400 MG TABLETS	TABLETS (24S, BLISTER PACK	4	Take 1Tablets 2 Time(s) per Day For 4 Day(s) after meal
0252-389902-1171	(LORATADINE : 5 MG (PSEUDOEPHEDRINE SULPHATE : 120 MG TABLETS	TABLETS (14S, BLISTER PACK	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others

Date: 10-12-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Physician Code DHA-P-28040827 HNM Code

Signature and Stamp



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

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: 10-12-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

NATIONAL GENERAL INSURANCE CO. (P.J.S.C)
NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae

HealthNet