1.HealthNet Policy Number I038-000-121036439-01 2. Authorization Code:

2.Patient Name UTTARAM GURUNG KANCHHA GURUNG

3.Patient Date of Birth & Sex 16-11-00(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0523760980

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

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

7.Presenting Complaints:

co upper abdominal pain 13th dec. 2024

oe chest is clear no added sounds

restless

smoker

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute gastritis without bleeding, Epigastric pain ICD Code K29.00, R10.13

12.Etiology:

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

14.Plan / Details of Management

a.ProcedurePANTONIX 40MG I.V.,SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION,Intramuscular injection,Administered intravenously,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,HELICOBACTER PYLORI ANTIBODIES, RAPID, SERUM,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000) CPT code0005-242802-0781,0005-136504-1021,96372,96365,85025,86140,86677,9.01

b.Laboratiry Test:

c.Radiology / Investigations:

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

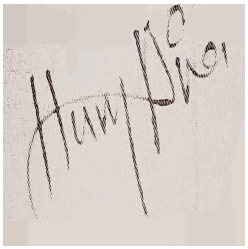
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0005-136501-0391	(HYOSCINE : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (1000S, BLISTER PACK	3	Take 1Tablet at need
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 10 ml 3 times in a day
0207-533801-1451	(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (14S, BLISTER	7	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others

Date: 15-12-24(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: 15-12-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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HealthNet