1.HealthNet Policy Number I038-000-115298161-01 2. Authorization Code:

2.Patient Name MOHAMMED RIYAZ MOOSA

3.Patient Date of Birth & Sex 30-03-88(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0567174328

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

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

7.Presenting Complaints:

co fever on and off not taking any medicine weakness pallor 1month before nov. 2024

0e

chest is clear no added sounds

restless

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAnemia, unspecified, Pallor ICD Code D64.9, R23.1

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,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 code85025,86140,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

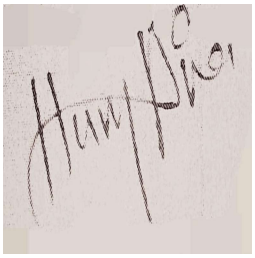
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
7020-992801-1171	(VITAMIN D (AS CHOLECALCIFEROL) : 5 MCG) (VITAMIN B12 : 2.4 MCG) (BETA CAROTENE : 1740 MCG) (MOLYBDENUM : 23 MCG) (VITAMIN C (ASCORBIC ACID) : 45 MG) (IODINE : 33 MCG) (IRON : 3.5 MG) (THIAMINE : 1.2 MG) (ZINC : 7 MG) (SELENIUM : 20 MCG) (MANGANESE : 1.8 MG) (MAGNESIUM : 120 MG) (BIOTIN : 30 MCG) (RIBOFLAVIN : 1.3 MG) (FOLIC ACID : 200 MCG) (CALCIUM : 250 MG) (VITAMIN K1 : 30 MCG)	TABLETS (60S, BOTTLE)	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)

Code	Generic	Dosage	Duration	Instructions
	(CHROMIUM : 25 MCG) (COPPER : 0.45 MG) (PANTOTHENIC ACID : 5 MG) (VITAMIN B6 : 1.3 MG) (VITAMIN E : 4.5 MG) (NIACIN			

Date: 16-12-24(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: 16-12-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet