1.HealthNet Policy Number I038-000-115298150-01 2. Authorization Code:

2.Patient Name SOUKAINA BENRAQQOUCH

3.Patient Date of Birth & Sex 23-12-92(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0522493001

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

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

7.Presenting Complaints:

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAbscess of the breast and nipple, Fever, unspecified, Pain, unspecified, Acute gastritis without bleeding ICD Code N61.1, R50.9, R52, K29.00

12.Etiology:

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

14.Plan / Details of Management

a.Procedure9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000) CPT code9.01

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
0006-106601-0394	(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, BLISTER PACK)	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) after meal
0195-148602-0391	(CLARITHROMYCIN : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER PACK	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) after meal
0139-116403-1452	(AMOXICILLIN : 500 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (100S, BLISTER PACK)	14	Take 2Capsule 2Time(s) perDay For 14 Day(s) after meal
0188-232401-0392	(ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	14	Take 1Tablets 2 Time(s) per Day For 14 Day(s) before meal

Date: 23-12-24(dd/mm/yy)

Doctor's Name Enomen Goodluck

Signature and Stamp

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

Physician Code DHA-P-28040827 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: 23-12-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet