1.HealthNet Policy Number: I038-000-114414047-01 2. Authorization Code:

2.Patient Name: Nizar Thayyil Aliyar

3.Patient Date of Birth & Sex: 30-03-87(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0501271876

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

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

7.Presenting Complaints:

PC: Cough, atypical facial pains, fever and headache and sneezing.

duration; 3days.

Self medicated with allergy medicines.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute pansinusitis, unspecified, Nasal congestion, Sneezing, Allergic rhinitis, unspecified, Fever, unspecified

ICD Code J01.40, R09.81, R06.7, J30.9, R50.9

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

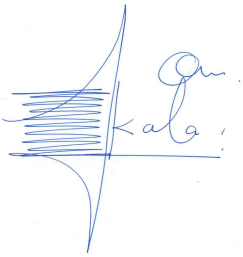
Code	Generic	Dosage	Duration	Instructions
0005-116801-1161	(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP	SYRUP (120ML, BOTTLE)	7	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal
0252-389902-1171	(LORATADINE : 5 MG (PSEUDOEPHEDRINE SULPHATE : 120 MG TABLETS	TABLETS (14S, BLISTER PACK	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
0005-119805-1172	(PREDNISOLONE : 5 MG TABLETS	TABLETS (20S, BLISTER PACK	7	Take 2Tablets 1 Time(s) per Day For 7 Day(s) after meal
5253-649501-3851	(MOMETASONE FUROATE (AS MONOHYDRATE : 50 MCG/DOSE NASAL SPRAY	NASAL SPRAY (120 DOSE, PUMP SPRAY	7	Take 1Spray 3 Time(s) per Day For 7 Day(s) others
0135-142902-1452	(CEFIXIME : 400 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	6	Take 1Tablets 1 Time(s) per Day For 6 Day(s) after meal

Date: 27-12-24(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: 27-12-24(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet