1.HealthNet Policy Number I038-000-119123345-01 2. Authorization Code:

2.Patient Name SEGU SEYED AKBAR ALI AKBAR ALI

3.Patient Date of Birth & Sex 30-03-86(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0564692300

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

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

7.Presenting Complaints:

pc : body pain , jaw pain , shoulder pain associated with mild fever

hx of smoking

no ther md condition

o/e swelling around left tmj tenderness

hyperemia of pharynx

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiJaw pain, Other chronic pain, Fever, unspecified ICD Code R68.84, G89.29, R50.9

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.

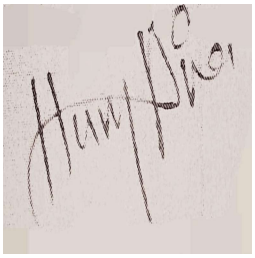
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0027-109206-2611	(TERBINAFINE (AS HCL) : 1%) TOPICAL SOLUTION	TOPICAL SOLUTION (30ML, BOTTLE)	7	Take 1Cream 1 Time(s) per Day For 7 Day(s) others
0005-107001-0052	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (48S, BOX)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0186-143702-0061	(CELECOXIB : 100 MG CAPSULES	CAPSULES (20S, BLISTER PACK	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal
1217-373201-2401	(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening
0397-116207-0391	(AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal
H21-2270-04687-03	(DEXTROSE : 50 MG/ML) (DEXTRAN 40 : 100 MG/ML) SOLUTION FOR INFUSION	Tablets	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) others

Date: 04-01-25(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: 04-01-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet