1.HealthNet Policy Number I038-000-118101322-01 2. Authorization Code:

2.Patient Name MUHAMMAD USMAN RAZZAQ ABDUL RAZZAQ

3.Patient Date of Birth & Sex 12-09-91(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0506373904

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

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

7.Presenting Complaints:

Represented, has improved significantly but still complaining of pain in throat.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Pain in throat, Low back pain ICD Code J06.9, R07.0, M54.5

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

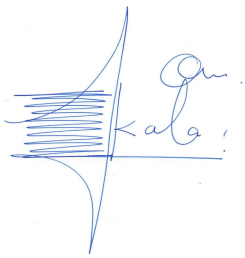
Code	Generic	Dosage	Duration	Instructions
5754-319204-0581	(EUCALYPTUS OIL : 3.4 MG) (MENTHOL : 9.3 MG) LOZENGES	LOZENGES (24S, BLISTER)	6	Take 1Tablets 4 Time(s) per Day For 6 Day(s) after meal
6047-149904-0172	(DICLOFENAC SODIUM : 50 MG DISPERSIBLE TABLETS	DISPERSIBLE TABLETS (20S, BLISTER	10	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal

Date: 05-01-25(dd/mm/yy)

Doctor's Name Enomen Goodluck

Physician Code DHA-P-28040827 HNM Code

Signature and Stamp



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

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: 05-01-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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