



1. HealthNet Policy Number

2. Patient Name

3. Patient Date of Birth & Sex

5. Nature of illness or Injury

6. Are You the patient's primary physician

7. Presenting Complaints:

co fever running nose dry cough pain in throat 3rd jan. 2025

oe chest is congested no added sounds

restless

smoker

8. Duration of Symptoms:

9. Onset of Condition:

10. Relevant Past Medical/Surgical History

Diagnosis: Acute upper respiratory infection, unspecified, Cough, Fever, unspecified, Allergic rhinitis, unspecified, Acute gastritis without bleeding, Elevated blood-pressure reading, w/o diagnosis of htn, Wheezing

12. Etiology:

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

14. Plan / Details of Management

a. Procedure: GENERAL WELNESS CHECKUP ( 55 TEST), Blood Count Complete Auto & Auto Diffrntl Wbc Count, C-Reactive Protein, CEFTRIAXONE-TABUK IV, CLOFEN, Intramuscular injection, Administered intravenously, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION, nebulization with ventoline solution, 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 family's 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., PULMICORT

b. Laboratory Test:

c. Radiology / Investigations:

15. In Case of Hospitalization: Date of Admission:

Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

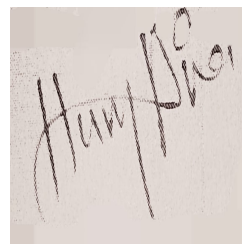
| Code             | Generic                                                    | Dosage                                  | Duration | Instructions                                         |
|------------------|------------------------------------------------------------|-----------------------------------------|----------|------------------------------------------------------|
| 0005-116702-2481 | (DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE           | SYRUP (SUGAR FREE (120ML, BOTTLE        | 1        | Take 10 ml 3 times in a day                          |
| 0195-123701-0391 | (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS               | FILM COATED TABLETS (10S, BLISTER PACK) | 5        | Take 1 Tablets 1 Time(s) per Day For 5 Day(s) others |
| 0207-533801-1451 | (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN | CAPSULES (HARD GELATIN (14S, BLISTER    | 7        | Take 1 Capsule 2 Time(s) per Day For 7 Day(s) others |

| Code             | Generic                                           | Dosage                           | Duration | Instructions                                        |
|------------------|---------------------------------------------------|----------------------------------|----------|-----------------------------------------------------|
| 0005-107001-0051 | (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS | CAPLETS (24S, BOX)               | 6        | Take 1Tablets 2 Time(s) per Day For 6 Day(s) others |
| 0097-127405-0391 | (AZITHROMYCIN : 500 MG FILM COATED TABLETS        | FILM COATED TABLETS (3S, BLISTER | 7        | Take 1Tablets 1 Time(s) per Day For 7 Day(s) others |

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

Doctor's Name Humaira

Signature and Stamp



Dr. Humaira Mumtaz  
General Practitioner  
DHA No: 54155530-002  
CITICARE MEDICAL CENTER LLC  
DUBAI - U.A.E.

Physician Code DHA-P-54155530 HNM Code

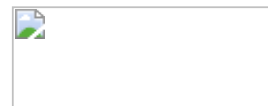
### Authorization

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

Signature of Insured / Claimint



Copy of NGI - Pharmacy

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

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