1.HealthNet Policy Number 103-303-0008452201-01 2. Authorization Code:

2.Patient Name NISREIN MONAWER ISMAIL ABU HLAIWA

3.Patient Date of Birth & Sex 05-07-90(dd/mm/yy) ☐ Male ☑ Female

Mobile No.971527944530

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

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

7.Presenting Complaints:

pc : fever , sneezing , haedache , bodyache , for 3 days

no other med cond

O/E hyperemia of pharnyx

chest congested b/l

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Acute pharyngitis, unspecified, Fever, unspecified, Allergic rhinitis, unspecified ICD Code J02.9, R50.9, J30.9

12.Etiology:

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

14.Plan / Details of Management

a.Procedure 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.,CEFTRIAXONE-TABUK IV,(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,Administered intravenously,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein

CPT code 9,0195-107704-0801,0011-106618-1001,96365,85025,86140

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

16.

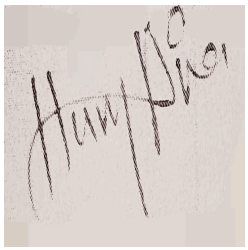
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0005-139701-1161	(MULTIVITAMINS : N/A) (CALCIUM LACTATE-GLUCONATE : N/A) SYRUP	SYRUP (300ML, BOTTLE)	15	Take 1Syrup 1Time(s) perDay For 15 Day(s) after meal
1217-373201-2401	(TOLPERISONE : 150 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (30S, BLISTER PACK)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	7	Take 1Tablets 4 Time(s) per Day For 7 Day(s) evening

Code	Generic	Dosage	Duration	Instructions
0195-123701-0391	(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) evening
0207-368802-0391	(CEFPODOXIME (AS PROXETIL : 200 MG FILM COATED TABLETS	FILM COATED TABLETS (14S, BLISTER	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) after meal

Date: 06-01-25(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: 06-01-25(dd/mm/yy) Signature of Insued / Claimint

NATIONAL GENERAL INSURANCE CO. (P.J.S.C)
NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae

HealthNet