1.HealthNet Policy Number I038-000-117785165-01 2. Authorization Code:

2.Patient Name SHAHUL HAMEED MUSTHAFA

3.Patient Date of Birth & Sex 15-07-98(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0525917075

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

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

7.Presenting Complaints:

PC: Severe pain on the right ear.

Fever and headache.

Examination shows maked hyperemia with evidence of infection in the right ear.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute serous otitis media, right ear, Fever, unspecified, Acute sinusitis, unspecified ICD Code H65.01, R50.9, J01.90

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureIntramuscular injection,CLOFEN ,CEFTRIAXONE-TABUK IV,DEXAMETHASONE SODIUM PHOSPHATE,Administered intravenously,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein CPT code96372,0005-149902-1021,0195-107704-0801,0125-122107-1022,96365,85025,86140

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
0085-387501-0241	(HYDROCORTISONE : 10 MG/ML) (CIPROFLOXACIN (AS HYDROCHLORIDE) : 2 MG/ML) EAR DROPS	EAR DROPS (10ML, VIAL + DROPPER)	5	Take 2Drops 4 Time(s) per Day For 5 Day(s) after meal
0027-142201-2401	(DICLOFENAC POTASSIUM : 50 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
0219-142902-1452	(CEFIXIME : 400 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (6S, BLISTER PACK	6	Take 1Tablets 1Time(s) perDay For 6 Day(s) after meal

Date: 07-01-25(dd/mm/yy)

Signature and Stamp

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

Doctor's Name Enomen Goodluck

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: 07-01-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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