1.HealthNet Policy Number: I038-000-118180006-01 2. Authorization Code:

2.Patient Name: ABDULRAHMAN MUSA BALA

3.Patient Date of Birth & Sex: 20-07-89(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0582130863

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

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

7.Presenting Complaints:

patient came with cough,chest congestion,nasal blockage,headache and body pain

0/e there is wheezing in chest

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Cough, Pain, unspecified

ICD Code J06.9, R05, R52

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCEFTRIAXONE-TABUK IV,Administered intravenously,VENTOLIN NEBULES,nebulization with ventoline solution,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000)

CPT code0195-107704-0801,96365,0006-402803-2071,94640,9.01

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

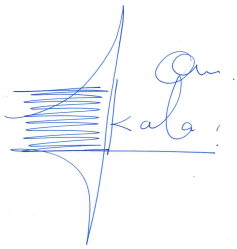
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0320-148701-1171	(LORATADINE : 10 MG TABLETS	TABLETS (10S, BLISTER PACK	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
0207-169703-1161	(AMMONIUM CHLORIDE : N/A (DIPHENHYDRAMINE : N/A SYRUP	SYRUP (100ML, GLASS BOTTLE	5	Take 1Syrup 3 Time(s) per Day For 5 Day(s) others

Date: 17-01-25(dd/mm/yy)

Doctor's Name: Enomen Goodluck

Signature and Stamp



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

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: 17-01-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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HealthNet