1.HealthNet Policy Number I038-000-118933628-01 2. Authorization Code:

2.Patient Name SHAMNAS KOTTAYIL YOUSEF YOUSEF

3.Patient Date of Birth & Sex 15-03-97(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0545479458

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

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

7.Presenting Complaints:

follow up to discuss reports

urate crystal on urine analysis

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiOther lower urinary tract calculus ICD Code N21.8

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureUric Acid Blood,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000) CPT code84550,9.01

b.Laboratiry Test:

c.Radiology / Investigations:

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

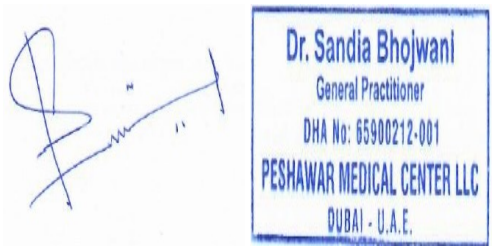
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

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

Signature and Stamp



Doctor's Name SANDIA

Physician Code DHA-P-65900212 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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