1.HealthNet Policy Number	I038-000-121312147-01	2. Authorization Code:
2.Patient Name	JEROME CALLAO MACASPAC	
3.Patient Date of Birth & Sex	07-12-93(dd/mm/yy)	☑ Male ☐ Female
	Mobile No.0504840809	
5.Nature of illness or Injury	☐ Acute ☐ Chronic ☐ Emergency	
6.Are You the patient's primary physician	☐ Yes ☐ No	
7.Presenting Complaints:		
8.Duration of Symptoms:		
9.Onset of Condition:		
10.Relevent Past Medical/Surfgical History		
Diagonosisi Acute upper respiratory infection, unspecified, Allergic rhinitis, unspecified, Cough, Fever, unspecified, Acute gastritis without bleeding	ICD Code J06.9, J30.9, R05, R50.9, K29.00	
12.Etiology:		
13.In case of Injury:mode of Injury/place of Injury		
14.Plan / Details of Management		
a.Procedure Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL	CPT code 85025,86140,2190-106618-1001,0005-149902-1021,0195-107704-0801,96365,96372,0188-135906-2441,87070,Influenza A & B,9.01	

: 10 MG/ML) SOLUTION FOR INFUSION,CLOFEN ,CEFTRIAXONE-TABUK IV,Administered intravenously,Intramuscular injection,PULMICORT-(BUDESONIDE : 0.5 MG/ ML) SUSPENSION FOR NEBULIZATION,Cul Bact Xcpt Urine Blood/Stool Aerobic Isol,Influenza A & B,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000)

b.Laboratiry Test:

c.Radiology / Investigations:

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

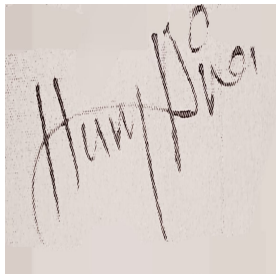
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
No Prescriptions History Found				

Date: 19-01-25(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: 19-01-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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