1.HealthNet Policy Number: I038-000-119791447-01 2. Authorization Code:

2.Patient Name: Camara Venzon Macaspac

3.Patient Date of Birth & Sex: 10-06-21(dd/mm/yy) ☐ Male ☑ Female

Mobile No. 0507359179

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

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

7.Presenting Complaints:

C/O:

- cough 2 weeks

- fever 4 days

- runny nose, throat pain

- not eating anything

parents also having urti. on panadol 6 hourly.

vaccinated.

on exam:

febrile child, dull looking

gcs 15/15

heart sounds normal with no murmur

chest clear bilaterally

ears: normal bilateral, throat: hyperemic and congested.

abdomen is soft, non tender, no visceromegaly

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Fever, unspecified, Allergic rhinitis, unspecified, Acute pharyngitis, unspecified ICD Code J06.9, R50.9, J30.9, J02.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Difrntl Wbc Count,Culture Bacterial Blood Aerobic W/Id Isolates,(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,Administered intravenously,C-Reactive Protein,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.,nebulization with ventoline solution, (IPRATROPIUM : 0.025%) NEBULIZING SOLUTION

CPT code85025,87040,0325-107704-0801,0384-100104-1001,2190-106618-1001,96365,86140,9,94640,0042-125404-2071

b.Laboratiry Test:

c.Radiology / Investigations:

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

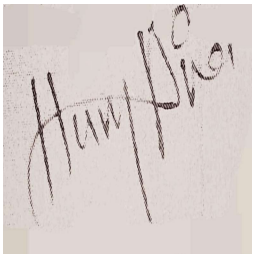
16.

PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
NS500	NORMAL SALINE 500 ML		5	Take 5ML 4 Time(s) per Day For 5 Day(s) before meal, give 25 ml normal saline vial for nebulisation
0042-152505-2071	(IPRATROPIUM BROMIDE : 500 MCG/2.5ML) (SALBUTAMOL : 2.5 MG/2.5ML) NEBULIZING SOLUTION	NEBULIZING SOLUTION (20 X2.5ML, VIAL)	5	Take 1ML 2 Time(s) per Day For 5 Day(s) before meal
0027-265802-1161	(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	5	Take 5ML 3 Time(s) per Day For 5 Day(s) after meal
0097-123704-1631	(CETIRIZINE : 10 MG/ML) DROPS (ORAL)	DROPS (ORAL) (15ML, GLASS BOTTLE + DROPPER)	5	Take 1ML 1 Time(s) per Day For 5 Day(s) evening
0006-106607-1161	(PARACETAMOL : 240 MG/5ML SYRUP	SYRUP (100ML, GLASS BOTTLE	5	Take 5ML 4 Time(s) per Day For 5 Day(s) after meal
0139-116208-2151	(CLAVULANIC ACID : 62.5 MG/5ML) (AMOXICILLIN : 250 MG/5ML) POWDER FOR SYRUP	POWDER FOR SYRUP (100ML, BOTTLE)	7	Take 4ML 3 Time(s) per Day For 7 Day(s) after meal

Date: 20-01-25(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: 20-01-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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