

| 1.He | ealthNet Policy N | umber | | 1038-000-115298230 ⁻ 01 | - 2. Authorization Code: | | |
|---|---|--|--|---|--|----------|--|
| 2.Pa | atient Name | | | Waqar Ahmad Manzo | Waqar Ahmad Manzoor Ahmad | | |
| 3.Pa | atient Date of Birl | th & Sex | 05-08-93(dd/mm/y | y) 🗸 Male 🗆 Femal | e | | |
| | | | | Mobile No.0588210 |)257 | | |
| 5.Na | ature of illness or | · Injury | ☐ Acute ☐ Chroni | ☐ Acute ☐ Chronic ☐ Emergency | | | |
| 6.Ar | re You the patien | t's primary physician | ☐ Yes ☐ No | | | | |
| 7.Pr | esenting Compla | ints: | | | | | |
| che | st pain,gastric pa | in,radiating towards ba | ack side. | | | | |
| o/e | there is no tende | erness. | | | | | |
| 8.Di | uration of Sympto | oms: | | | | | |
| 9.0 | nset of Condition | : | | | | | |
| 10.F | Relevent Past Me | dical/Surfgical History | | | | | |
| Diag | gonosisiGastro-esc | phageal reflux disease wi | thout esophagitis, Nause | ea ICD Code K21.9, R11 | 1.0 | | |
| 12.E | Etiology: | | | | | | |
| 13.1 | n case of Injury:n | node of Injury/place of | f Injury | | | | |
| 14.Plan / Details of Management | | | | | | | |
| | a.ProcedureCEFTRIAXONE-TABUK IV,Administered intravenously,9.019.01 CPT code0195-107704-0801,96365,9.01 | | | | | | |
| | - (9.01) - Follow Up - Consultation GP - (AED 0.0000) b.Laboratiry Test: | | | | | | |
| | c.Radiology / Inv | ostigations: | | | | | |
| | | | nission: | Date of Discharge: | | | |
| 15.In Case of Hospitalization: Date of Addmission: Date of Discharge: PRESCRIPTION WITH DOSAGE & DURATION | | | | | | | |
| | Code | Generic | <u> </u> | Duration | Instructions | $\neg I$ | |
| | No Prescriptions I | | Dosage | Duration | Ilistructions | \dashv | |
| | No Frescriptions | listory round | | | | | |
| Dat | ъ. | 25-01-25(dd/mm/y | (v) | | Dr Enamen Candilustr Electa | 1 | |
| Dat | | 25-01-25(dd/11111/y | ¥7 | | Dr. Enomen Goodluck Ekata General Practitioner | | |
| | | | Signature | and Stamp | DHA No: 28040827-001 | | |
| Dod | ctor's Name | Enomen Goodluck | Signature | and Stamp | CITICARE MEDICAL CENTER LLC | | |
| | | | | | DUBAI - U.A.E. | | |
| Phy | | | | | I DUDNI - U.N.L. | | |
| | sician Code DHA | A-P-28040827 HNM Cod | е | | DODNI - V.N.L. | | |
| | sician Code DHA | P-28040827 HNM Cod | e | | טטטחו י ט.ה.ב. | | |
| Aut | rsician Code DHA | -P-28040827 HNM Cod | e | | טטטחו י ט.ה.ב. | | |
| I her | horization eby authorize the Ph | ysician, Hospital or Pharmac | cy to file a claim for medic | | confirm that the above mentioned | has | |
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