1.HealthNet Policy Number I038-000-118863833-01 2. Authorization Code:

2.Patient Name AYESHA BABAR BABAR BASHIR

3.Patient Date of Birth & Sex 10-06-97(dd/mm/yy) ☐ Male

Mobile No.0505884109

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

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

7.Presenting Complaints:

dry cough,severe sore throat,body ache,headache.

o/e there is no chest congestion,redness in throat.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Acute pharyngitis, unspecified, Cough, Pain, unspecified ICD Code J02.9, R05, R52

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,Administered intravenously,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,Intramuscular injection CPT code0397-107704-0801,96365,0125 1022,96372

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 Day(s) others

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

Signature and Stamp

Dr. Enomen Goo
General Prac
DHA No: 2804
CITICARE MEDICA
DUBAI - U

Doctor's Name Enomen Goodluck

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 me examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other pe provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, med 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: 25-01-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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