1.HealthNet Policy Number I038-000-117253227-01 2. Authorizati Code:

2.Patient Name IHSSANE YAALA

3.Patient Date of Birth & Sex 07-11-98(dd/mm/yy) ☐ I ☐ Fem

Mobile No.0501543860

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

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

7.Presenting Complaints:

pc: burning micturation , urine in blood , pain lower abdomen for few days

hx of urti 10 days ago

no drug allergy

o/e

look pale

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute cystitis with hematuria, Fever, unspecified, Anemia, unspecified ICD Code N30.01, R50.9, D64.

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureRenal Function Panel,Urnls Dip Stick/Tablet Reagent Auto Microscopy,LACTATED RINGERS INJECTION USP,Administered intravenously,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., (METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION

CPT code80069,81001,0102-1 1001,96365,9,0131-116601-10

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

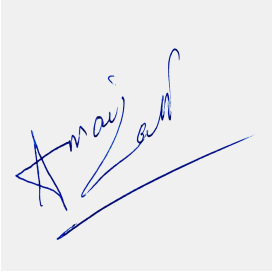
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0184-156802-1171	(TRANEXAMIC ACID : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	Take 1Tablets 1 Tim Day For 3 Day(s) ot

Code	Generic	Dosage	Duration	Instructions
0248-187801-1171	(DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	Take 1Tablets 1Tim For 7 Day(s) others
1947-549701-0982	(D-MANNOSE : 500 MG) (CRANBERRY : 3600 MG) SOLUBLE POWDER	SOLUBLE POWDER (8G X 14, SACHET)	7	Take 1sachet 2 Tim Day For 7 Day(s) ot

Date: 27-01-25(dd/mm/yy)

Signature and Stamp



Doctor's Name DR Amaizah

Physician Code DHA-P-98486553 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: 27-01-25(dd/mm/yy) Signature of Insued / Claimint

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