1.HealthNet Policy Number I038-000-118629482-01 2. Authorizati Code:

2.Patient Name ISANKA JAYASEKARA PARAWEI ARACHCHILAGE

3.Patient Date of Birth & Sex 01-02-00(dd/mm/yy) ☑ Fem

Mobile No.0569399135

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

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

7.Presenting Complaints:

painful micturation since 4 days,pain is in left iliac fossa radiating down to bladder,after doing urination have p of the penis

o/e there is flank pain in LIF

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Personal history of urinary (tract) infections, Pain, unspecified ICD Code Z87.440, R52

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(CIPROFLOXACIN : 0.2%) SOLUTION FOR INFUSION,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. CPT code0327-103208-1001,

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

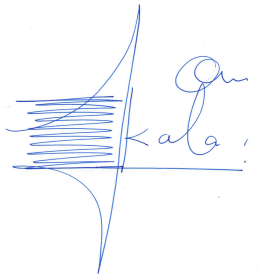
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instruction
0031-149904-1171	(DICLOFENAC SODIUM : 50 MG TABLETS	TABLETS (20S, BLISTER PACK	7	Take 1Table Time(s) per Day(s) othe
4884-622202-1171	(SERRAPEPTASE : 10 MG) TABLETS	TABLETS (30S, BLISTER)	7	Take 1Table Time(s) per Day(s) othe
0097-103202-0392	(CIPROFLOXACIN : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	7	Take 1Table Time(s) per Day(s) othe

Code	Generic	Dosage	Duration	Instruction
6619-548302-0251	(SODIUM BICARBONATE : 1.76G (SODIUM CITRATE ANHYDROUS : 0.63G (TARTARIC ACID : 0.89G (CITRIC ACID ANHYDROUS : 0.715 G EFFERVESCENT GRANULES	EFFERVESCENT GRANULES (4G X 10, SACHET	7	Take 1sach Time(s) per Day(s) othe

Date: 29-01-25(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: 29-01-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

NATIONAL GENERAL INSURANCE CO. (P.J.S.C)
NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae