1.HealthNet Policy Number I038-000-120183374-01 2. Authorization Code:

2.Patient Name VESH BAHADUR GURUNG

3.Patient Date of Birth & Sex 12-11-00(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0562562509

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

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

7.Presenting Complaints:

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Fever, unspecified, Cough ICD Code J06.9, R50.9, R05

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureAllergen Specific Ige Qual Multiallergen Screen,C-Reactive Protein,CEFTRIAXONE-TABUK IM,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,nebulization with ventoline solution,LACTATED RINGERS INJECTION USP,(METRONIDAZOLE : 200 MG/5ML) SUSPENSION,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION CPT code86005,86140,0195-107704-0802,0248-122107-1021,94640,0102-152902-1001,2231-116603-1111,2190-106618-1001

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	Instructions
2713-644102-0581	(MENTHOL : 7 MG) (ZINGIBER OFFICINALE : 10 MG) (EMBLICA OFFICINALIS : 10 MG) (GLYCYRRHIZA GLABRA : 15 MG) LOZENGES	LOZENGES (24S, BLISTER)	4	Take 1Tablets 4 Time(s) per Day For 4 Day(s) after meal
0005-107001-0051	(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) after meal
0880-368802-1172	(CEFPODOXIME (AS PROXETIL : 200 MG TABLETS	TABLETS (15S, BLISTER PACK	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal
0195-395404-0391	(MONTELUKAST (AS SODIUM : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER PACK	30	Take 1Tablets 1Time(s) perDay For 30 Day(s) evening

Date: 29-01-25(dd/mm/yy)

Signature and Stamp

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

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

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