1.HealthNet Policy Number I038-000-118933628-01 2. Authorization Code:

2.Patient Name SHAMNAS KOTTAYIL YOUSEF YOUSEF

3.Patient Date of Birth & Sex 15-03-97(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0545479458

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

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

7.Presenting Complaints:

diarrhea since 3 days,3 to 4 episodes every day.

o/e dehydration signs present

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiDiarrhea, unspecified, Weakness ICD Code R19.7, R53.1

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(METRONIDAZOLE : 5 MG/ML) SOLUTION FOR INFUSION,Administered intravenously,SCOPINAL,Intramuscular injection,CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,LACTATED RINGERS INJECTION USP,Blood Count Automated Differential Wbc Count,C-Reactive Protein High Sensitivity

CPT code0138-116612-1001,96365,0005-136504-1021,96372,0195-107704-0801,0102-152902-1001,85004,86141

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
6619-608703-0831	(SODIUM CHLORIDE : 0.52 G (POTASSIUM CHLORIDE : 0.3 G (SODIUM CITRATE : 0.58 G (GLUCOSE ANHYDROUS : 2.7 G POWDER FOR SOLUTION	POWDER FOR SOLUTION (10 X 4.4 G, SACHET	3	Take 1sachet 1 Time(s) per Day For 3 Day(s) others
0415-200001-1452	(LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others
0097-103202-0391	(CIPROFLOXACIN : 250 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) others
0152-116604-0391	(METRONIDAZOLE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	3	Take 1Tablets 3 Time(s) per Day For 3 Day(s) others

Date: 08-02-25(dd/mm/yy)

Signature and Stamp

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

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 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: 08-02-25(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

HealthNet