Patient | 32626 | IHSSANE YAALA | 784-1998-9339950-3 | Repeat | 27 | Female

Moroccan | S | NGI - HN BASIC PLUS - NGI - Default Scheme (99999)

Medical History (patient_history.aspx?patId=31441) | Billing History (patient_accounts.aspx?patId=31441)

Appointment | Visit ID 58119 | 14-Feb-2025 | DR Amaizah - General - DHA-P-98486553

MRN Activities(Log) | Insurance Cards | EMID Card

Vitals Alert This Patient has Vitals for Temp: 38°C, Pulse: 109bpm, BP: 114mmHg, Height: 154cm, Weight: 44kg, BMI 18.55(Obese), Blood Sugar

Start Time | Nurse Station | Doctor Evaluation | Orthopedic Case Assessment | Diagnosis | Treatments/Procedures | Packages | Prescription | Reimbursement Forms | Documents | Progress Notes | Addendum | NGI Form | NGI Claim Form | Other Forms | Sick Leave | End Time | Visit Summary Sheet | Nabidh Clinical Docs | Audit Log | Radiology | Laboratory | Health Declaration | Signed Documents | Image Comparison

INFUSION,nebulization with ventoline solution,PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,(DICLOFENAC SODIUM : 75MG/2ML) SOLUTION FOR INJECTION,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.,C-Reactive Protein

CPT code85025,0195-107704-0801,2190-106618-1001,94640,0188-135906-2441,0095-149911-1021,0102-152902-1001,96365,9,861

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

PRESCRIPTION WITH DOSAGE & DURATION

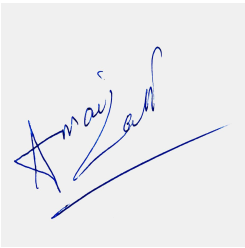
Code	Generic	Dosage	Duration	Instructions
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	Take 1Tablets 1 Time(s) per Day For 3 Day(s) evening
0027-149903-0391	(DICLOFENAC SODIUM : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	Take 1Tablets 1 Time(s) per Day For 3 Day(s) others
0880-368802-1172	(CEFPODOXIME (AS PROXETIL : 200 MG TABLETS	TABLETS (15S, BLISTER PACK	5	Take 1Tablets 2Time(s) perDay For Day(s) others
0005-106802-0461	(DEXTROMETHORPHAN : 30 MG) (PARACETAMOL : 650 MG) (PSEUDOEPHEDRINE : 60 MG) GRANULES FOR RECONSTITUTION	GRANULES FOR RECONSTITUTION (20G X 6, SACHET)	3	Take 2sachet 1 Time(s) per Day For 3 Day(s) others

0005-119805-1173	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (200S, BLISTER PACK)	3	Take 1Tablets 1 Time(s) per Day For 3 Day(s) others

Date: 14-02-25(dd/mm/yy)

Doctor's Name DR Amaizah

Signature and Stamp



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

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 h provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, medical conditi or medical services and copies of all medical and hospital records.