1.HealthNet Policy Number: I038-000-114321432-01

2. Authorization Code:

2.Patient Name: Nasurudin Batuma

3.Patient Date of Birth & Sex: 02-02-90(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0529576739

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

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

7.Presenting Complaints:

patient came with watery stools for 3 days .

abdominal discomfort

allergic to sea foods

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi: Bacterial foodborne intoxication, unspecified, Unspecified abdominal pain, Nausea with vomiting, unspecified, Dehydration

ICD Code A05.9, R10.9, R11.2, E86.0

12.Etiology:

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

14.Plan / Details of Management

a.Procedure(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,Administered intravenously,(METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION,RISEK 40MG-(OMEPRAZOLE : 40 MG) POWDER FOR INFUSION,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION,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.,Intramuscular injection,LACTATED RINGERS INJECTION USP

CPT code0195-107704-0801,96365,0131-116601-1001,0005-174202-0781,85025,86140,0102-152902-1001,9,96372,0102-152902-1001

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission:

Date of Discharge:

16.

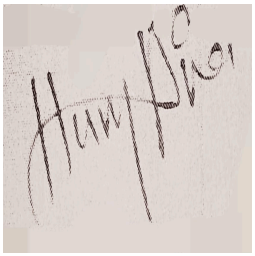
PRESCRIPTION WITH DOSAGE & DURATION

| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| 0031-168201-0391 | (DOMPERIDONE : 10 MG) FILM COATED TABLETS | FILM COATED TABLETS (30S, BLISTER PACK) | 3 | Take 1Tablets 2 Time(s) per Day For 3 Day(s) others |

| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| 0137-242801-0341 | (PANTOPRAZOLE (AS SODIUM) : 20 MG) ENTERIC COATED TABLETS | ENTERIC COATED TABLETS (15S, BLISTER) | 5 | Take 1Tablets 2 Time(s) per Day For 5 Day(s) others before meal |
| 0152-116604-0391 | (METRONIDAZOLE : 500 MG) FILM COATED TABLETS | FILM COATED TABLETS (20S, BLISTER PACK) | 3 | Take 1Tablets 2 Time(s) per Day For 3 Day(s) others |
| 6692-946001-0981 | (CITRATE : 250.11MG) (DEXTROSE : 3100MG) (POTASSIUM : 154.44MG) (SODIUM : 280 MG) (CHLORIDE : 425.3MG) SOLUBLE POWDER | SOLUBLE POWDER (5G X 10, SACHET) | 3 | Take 1Powder 2 Time(s) per Day For 3 Day(s) others |
| 3114-482003-0391 | (CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS | FILM COATED TABLETS (10S, BLISTER) | 5 | Take 1Tablets 2 Time(s) per Day For 5 Day(s) others |

Date: 16-02-25(dd/mm/yy)

Signature and Stamp



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Doctor's Name Humaira

Physician Code DHA-P-54155530 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: 16-02-25(dd/mm/yy) Signature of Insued / Claimint



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HealthNet