1.HealthNet Policy Number: 784-1981-4014216-1 2. Authorization Code:

2.Patient Name: SABINUS CHUKWUNYERE EKWE

3.Patient Date of Birth & Sex: 16-06-81(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0524178463

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

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

7.Presenting Complaints:

pc : sore throat ,with sneezing watery eyes satarted 15 feb 2025

associated with fever which is high grade started 16/2/ 25

oral intake is reduced . for 3 days 13/2/25

look dehydtared

no drug allergies

look irritable , dehydrated

o/e : hyperemic throat

chest : whezing

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Cough variant asthma, Fever, unspecified, Low back pain, Dehydration

ICD Code J06.9, J45.991, R50.9, M54.5, E86.0

12.Etiology:

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

14.Plan / Details of Management

a.Procedurenebulization with ventoline solution,PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,CEFTRIAXONE-TABUK IV,Administered intravenously,LACTATED RINGERS INJECTION USP,Intramuscular injection,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.,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein

CPT code94640,0188-135906-2441,2190-106618-1001,0078-149902-1021,0125-122107-1022,0195-107704-0801,96365,0102-152902-1001,96372,9,85025,86140

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
0006-104201-1161	(TRIPROLIDINE : 0.25 MG/ML) (GUAIFENESIN : 20 MG/ML) (PSEUDOEPHEDRINE : 6 MG/ML) SYRUP	SYRUP (200ML, BOTTLE)	7	2 tsf twice daily
0006-106601-0392	(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	3	Take 1Tablets 2Time(s) perDay For 3 Day(s) others
6705-602505-3801	(HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION	SPRAY SOLUTION (30ML, SPRAY BOTTLE)	3	Take 1Spray 2Time(s) perDay For 3 Day(s) others
0195-123701-0391	(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) evening
0397-116207-0391	(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others

Date: 16-02-25(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: 16-02-25(dd/mm/yy) Signature of Insued / Claimint

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