1.HealthNet Policy Number I038-000-116927662-01 2. Authorization Code:

2.Patient Name GENE MICHAEL ZABALLERO ARRIETA

3.Patient Date of Birth & Sex 28-05-90(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0501961139

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, BODY PAIN . WEAKNESS STARTED 21/02/25

FLANKS PAIN AND BURNING MICTURATION STARTED 23/02/25

O/E

LOOK LETHARGI, DEHYDRATED

HYPEREMIC PHARYNX

CHEST IS CLEAR

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute pharyngitis, unspecified, Cough, Fever, unspecified, Pain, unspecified, Dehydration, Urinary tract infection, site not specified

ICD Code J02.9, R05, R50.9, R52, E86.0, N39.0

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureLACTATED RINGERS INJECTION USP,Administered intravenously,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,CEFTRIAXONE-TABUK IV,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,nebulization with ventoline solution,PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,Urnls Dip Stick/Tablet Reagent Auto Microscopy,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.

CPT code0102-152902-1001,96365,2190-106618-1001,0195-107704-0801,85025,86140,94640,0188-135906-2441,81001,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

PRESCRIPTION WITH DOSAGE & DURATION

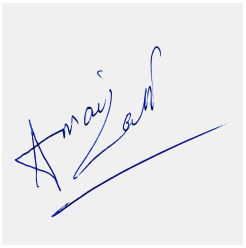
Code	Generic	Dosage	Duration	Instructions
1947-549701-0982	(D-MANNOSE : 500 MG) (CRANBERRY : 3600 MG) SOLUBLE POWDER	SOLUBLE POWDER (8G X 14, SACHET)	3	Take 1Powder 1 Time(s) per Day For 3 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0219-533801-0391	(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG FILM COATED TABLETS	FILM COATED TABLETS (14S, HDPE BOTTLE	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) morning empty stomach
0006-106601-0393	(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (48S, BLISTER PACK)	3	Take 1Tablets 2Time(s) perDay For 3 Day(s) after meal
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
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: 23-02-25(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 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: 23-02-25(dd/mm/yy) Signature of Insued / Claimint

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