1.HealthNet Policy Number I038-000-113991289-01 2. Authorization Code:

2.Patient Name Soumia Benraqqouch

3.Patient Date of Birth & Sex 10-04-88(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0503516005

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

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

7.Presenting Complaints:

co : COUGH WHICH IS PRODUCTIVE , GREENISH SPUTUM ,fever high grade bodypain , nausea

BAD TASTE ALL STARTED 20/02/25

o/e :

LOOK RESTLESS, PALE

HYPERRMIC PHARYNX

TONSILS ARE ENLARGED , SWOLLEN WITH PUS POINT

chest is congested

diabetic taking tablet

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute tonsillitis, unspecified, Fever, unspecified, Cough ICD Code J03.90, R50.9, R05

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Difrntl Wbc Count,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION, (DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,Nebulization,PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,C-Reactive Protein,(HYDROCORTISONE SOD. SUCCINATE : 500MG/4ML) POWDER FOR INJECTION,INJ-HYDROCORTISONE 100 MG/2ML,Gp Consultation,Intravenous Injection,Intramuscular injection

CPT code85025,2190-106618-1001,0125-122107-1022,0195-107704-0801,94640,0188-135906-2441,86140,0318-267103-0801,INJ051,9,96374,96372

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

PRESCRIPTION WITH DOSAGE & DURATION

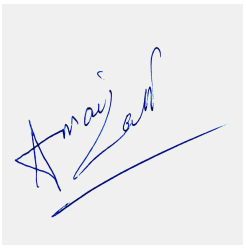
Code	Generic	Dosage	Duration	Instructions
0006-104201-1161	(TRIPROLIDINE : 0.25 MG/ML) (GUAIFENESIN : 20 MG/ML) (PSEUDOEPHEDRINE : 6 MG/ML) SYRUP	SYRUP (200ML, BOTTLE)	7	2 TSF TWICE DAILY
0005-106802-0461	(DEXTROMETHORPHAN : 30 MG) (PARACETAMOL : 650 MG) (PSEUDOEPHEDRINE : 60 MG) GRANULES FOR RECONSTITUTION	GRANULES FOR RECONSTITUTION (20G X 6, SACHET)	3	Take 1sachet 2Time(s) perDay For 3 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
0195-123701-0391	(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	5	Take 1Tablets 1Time(s) perDay For 5 Day(s) evening
0880-368802-1172	(CEFPODOXIME (AS PROXETIL : 200 MG TABLETS	TABLETS (15S, BLISTER PACK	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
6705-602505-3801	(HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION	SPRAY SOLUTION (30ML, SPRAY BOTTLE)	5	Take 1Spray 2 Time(s) per Day For 5 Day(s) others

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

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HealthNet