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:

SORE THROAT, BODY PAIN . WEAKNESS STARTED 21/02/25

FEVER STARTED 24/02/25

O/E

LOOK LETHARGI, DEHYDRATED

HYPEREMIC PHARYNX

CHEST IS CLEAR

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Acute pharyngitis, unspecified, Fever, unspecified, Cough, Acute upper respiratory infection, unspecified ICD Code J02.9, R50.9, R05, J06.9

12.Etiology:

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

14.Plan / Details of Management

a.Procedure nebulization with ventoline solution,PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000),CEFTRIAXONE-TABUK IV,LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION,Administered intravenously,(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,Intramuscular injection CPT code 94640,0188-135906-2441,9.01,0195-107704-0801,0102-152902-1001,96365,0031-149902-1021,96372

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 |
|---|---|---|---|---|
| 0006-106601-0392 | (PARACETAMOL : 500 MG) FILM COATED TABLETS | FILM COATED TABLETS (96S, BLISTER PACK) | 3 | Take 1 Unit(s), 2 Time(s) per Day For 3 Day(s) |
| 6705-602505- | (HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION | SPRAY SOLUTION (30ML, SPRAY BOTTLE) | 3 | Take 1Spray 2 Time(s) per Day For |

| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| 3801 | | | | 3 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 1sachet 2 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 2 Time(s) per Day For 5 Day(s) others |

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

Copy of NGI - Pharmacy

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

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HealthNet