1.HealthNet Policy Number: I038-000-122088949-01 2. Authorization Code:

2.Patient Name: THAMEESHA IVANJANA

3.Patient Date of Birth & Sex: 07-03-99(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0585757260

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

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

7.Presenting Complaints:

PC ; HEADACHE ,BODYPAIN , COUGH WITH SPUTUM ,GREEN IN COLOR

NASAL CONGESTION

ASSOCITED WITH HIGH GRDAE FEVER

O/E : LOOK DEHYDRATED ,

HYPEREMIC PHARYNX

CHEST WHEEZING

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Cough variant asthma, Fever, unspecified, Dehydration

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

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureDEXAMETHASONE SODIUM PHOSPHATE,CEFTRIAXONE-TABUK IV,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,nebulization with ventoline solution,PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,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,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.

CPT code0125-122107-1022,0195-107704-0801,2190-106618-1001,85025,86140,94640,0188-135906-2441,0102-152902-1001,96365,96372,9

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
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) after meal
0005-119805-1174	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (40S, BLISTER)	5	Take 1Tablets 1Time(s) perDay For 5 Day(s) after meal
0195-123701-0391	(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	5	Take 1Spray 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) after meal
6705-602506-3851	(HYDROXYPROPYLMETHYLCELLULOSE : 90 MG/ 30ML) NASAL SPRAY	NASAL SPRAY (30ML, SPRAY BOTTLE)	4	Take 1Spray 2 Time(s) per Day For 4 Day(s) others

Date: 26-02-25(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: 26-02-25(dd/mm/yy) Signature of Insued / Claimint

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