1.HealthNet Policy Number I038-000-115298194-01 2. Authorization Code:

2.Patient Name Anura De Silva Rajapaksha Marathignnanambi

3.Patient Date of Birth & Sex 03-05-69(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0552517233

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

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

7.Presenting Complaints:

C/o: intermittent fever and cough WHICH IS PRODUCTIVE WITH YELLOW SPUTUM

for the past 6days.

Cough is dry.

There is associated chest pain on breathing,

There is no pain in throat and no nasal congestion.

Not a known asthmatic but has previously used inhaler for an unknown reason.

He is not a known hypertensive (but BP noticed to be elevated on presentation).

Also not diabetic

O/E

HYPERMIC THROAT

CHEST WHEEZING

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Acute pharyngitis, unspecified, Cough, Acute recurrent pansinusitis, Fever, unspecified ICD Code J02.9, R05, J01.41, R50.9

12.Etiology:

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

14.Plan / Details of Management

a.Procedure CEFTRIAXONE-TABUK IV,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device),PULMICORT,Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count),C-REACTIVE PROTEIN (CRP),DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,CHLOROHISTOL 10MG,INJECTION SERVICE-IM,CEFTRIAXONE-TABUK IV,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,nebulization with ventoline solution,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,Intramuscular injection,Administered intravenously,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

CPT code 0195-107704-0801,2190-106618-1001,94640,0188-135906-2441,85027,86140,0125-122107-1022,0005-111805-1021,96372,0195-107704-0801,2190-106618-1001,0125-122107-1022,94640,85025,86140,0067-149902-1021,96372,96365,9

presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

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 | 2TSF ONCE DAILY AFTER MEAL |
| 0005-106802-0461 | (DEXTROMETHORPHAN : 30 MG) (PARACETAMOL : 650 MG) (PSEUDOEPHEDRINE : 60 MG) GRANULES FOR RECONSTITUTION | GRANULES FOR RECONSTITUTION (20G X 6, SACHET) | 2 | Take 1sachet 1 Time(s) per Day For 2 Day(s) after meal |
| 0005-119805-1171 | (PREDNISOLONE : 5 MG) TABLETS | TABLETS (1000S, BLISTER PACK) | 3 | Take 1Tablets 1 Time(s) per Day For 3 Day(s) after meal |
| 5944-142901-1452 | (CEFIXIME : 200 MG CAPSULES (HARD GELATIN | CAPSULES (HARD GELATIN (8S, BLISTER | 5 | Take 1Tablets 2 Time(s) per Day For 5 Day(s) after meal |
| 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 |

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)
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