1.HealthNet Policy Number I038-000-116915133-01 2. Authorization Code:

2.Patient Name SHANKAR KANWAR

3.Patient Date of Birth & Sex 05-02-00(dd/mm/yy) ☑ Male ☐ Female

Mobile No.053704849

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

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

7.Presenting Complaints:

vomiting 3 times

diarrhea 1 time

abdominal pain

fever

history of eating biryani from outside

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiVomiting, unspecified, Diarrhea, unspecified, Generalized abdominal pain ICD Code R11.10, R19.7, R10.84

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureSCOPINAL,PREMOSAN ,LACTATED RINGERS INJECTION USP,CEFTRIAXONE-TABUK IV,(METRONIDAZOLE : 0.5%) SOLUTION FOR INFUSION,Intramuscular injection,Administered intravenously,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,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 code0005-136504-1021,0005-150403-1021,0102-152902-1001,0195-107704-0801,0135-116611-1001,96372,96365,85025,86140,9

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 |
|---|---|---|---|---|
| 6619-608703-0831 | (SODIUM CHLORIDE : 0.52 G (POTASSIUM CHLORIDE : 0.3 G (SODIUM CITRATE : 0.58 G (GLUCOSE ANHYDROUS : 2.7 G POWDER FOR SOLUTION | POWDER FOR SOLUTION (10 X 4.4 G, SACHET | 3 | Take 1sachet 1 Time(s) per Day For 3 Day(s) others |

| Code | Generic | Dosage | Duration | Instructions |
|---|---|---|---|---|
| 0097-103202-0391 | (CIPROFLOXACIN : 250 MG FILM COATED TABLETS | FILM COATED TABLETS (10S, BLISTER PACK | 3 | Take 1Tablets 2 Time(s) per Day For 3 Day(s) others |
| 0005-136501-0391 | (HYOSCINE : 10 MG) FILM COATED TABLETS | FILM COATED TABLETS (1000S, BLISTER PACK) | 3 | Take 1Tablets 2 Time(s) per Day For 3 Day(s) others |
| 5252-168201-0391 | (DOMPERIDONE : 10 MG) FILM COATED TABLETS | FILM COATED TABLETS (30S, BLISTER PACK) | 3 | Take 1Tablets 3Time(s) perDay For 3 Day(s) before meal |

Date: 28-02-25(dd/mm/yy)

Doctor's Name Enomen Goodluck

Physician Code DHA-P-28040827 HNM Code

Signature and Stamp

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

## 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: 28-02-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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

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HealthNet