1.HealthNet Policy Number I038-000-122272411-01 2. Authorization Code:

2.Patient Name CHARUNI THRILAKSHI

3.Patient Date of Birth & Sex 06-08-99(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0559314500

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

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

7.Presenting Complaints:

CAME WITH HIGH GRADE FEVER SORE THROAT AND BODY PAIN

NASAL CONGESTION ,

ASOCIATED WITH LOW GARDE FEVER

O/E THROAT IS HYPEREMIC

CHEST IS CLEAR

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Nasal congestion, Pain, unspecified, Fever, unspecified, Acute tonsillitis, unspecified ICD Code J06.9, R09.81, R52, R50.9, J03.90

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCEFTRIAXONE-TABUK IV,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,Administered intravenously,Intramuscular injection,nebulization with ventoline solution,PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,Free follow-up consultation of the same diagnosis within 7 days of initial consultation by a General Practitioner. CPT code0195-107704-0801,2190-106618-1001,0078-149902-1021,0125-122107-1021,96365,96372,94640,0188-135906-2441,9.1

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
0219-142902-1452	(CEFIXIME : 400 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (6S, BLISTER PACK	5	Take 1Spray 1 Time(s) per Day For 5 Day(s) after meal
6705-602506-	(HYDROXYPROPYLMETHYLCELLULOSE : 90 MG/ 30ML) NASAL SPRAY	NASAL SPRAY (30ML, SPRAY BOTTLE)	4	Take 1Spray 2 Time(s) per Day For 4 Day(s) others

Code	Generic	Dosage	Duration	Instructions
3851				
0027-142201-0832	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (9S, SACHET)	2	Take 1Tablets 1 Time(s) per Day For 2 Day(s) others
0005-107101-0051	(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 325 MG) CAPLETS	CAPLETS (24S, BOX)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others

Date: 03-03-25(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: 03-03-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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