1.HealthNet Policy Number I038-000-121580749-01 2. Authorization Code:

2.Patient Name AIZAZ AHMAD ILYAS KHAN

3.Patient Date of Birth & Sex 17-04-04(dd/mm/yy) ☑ Male ☐ Female

Mobile No.923195099737

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

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

7.Presenting Complaints:

PATIENT CAME WITH FEVER RUNNY NOSE THROAT IRRITAION

HEADACHE

CHEST IS CLEAR

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute upper respiratory infection, unspecified, Fever, unspecified, Allergic rhinitis, unspecified ICD Code J06.9, R50.9, J30.9

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCHLOROHISTOL 10MG,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,Intramuscular injection,Administered intravenously,CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,Free follow-up consultation of the same diagnosis within 7 days of initial consultation by a General Practitioner. CPT code0005-111805-1021,2190-106618-1001,96372,96365,0005-149902-1021,9.1

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

16.

PRESCRIPTION WITH DOSAGE & DURATION

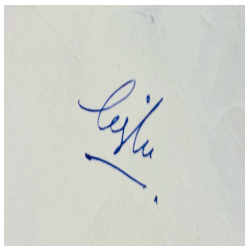
Code	Generic	Dosage	Duration	Instructions
0005-116702-2481	(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	5	Take 1Syrup 2 Time(s) per Day For 5 Day(s) others
0097-127402-0391	(AZITHROMYCIN : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (6S, BLISTER)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
0788-106705-1171	(CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS	TABLETS (24S, BLISTER PACK)	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) others
0070-148901-1171	(LORATADINE : 5 MG (PSEUDOEPHEDRINE : 120 MG TABLETS	TABLETS (14S, BOX	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others

Date: 07-03-25(dd/mm/yy)

Doctor's Name AISHA

Physician Code DHA-P-40131439 HNM Code

Signature and Stamp



Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
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: 07-03-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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HealthNet