1.HealthNet Policy Number I038-000-115298216-01 2. Authorization Code:

2.Patient Name OKEZIE THEOPHILIUS NDUCHE

3.Patient Date of Birth & Sex 17-08-79(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0568531697

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

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

7.Presenting Complaints:

pc : sorethroat , bodypain , frontal headache , cough with yellow sputum associated with low grade fever

o/e : look pale , lethargic , dehydrated

pharynx is hyperemic

chest congested

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Acute pharyngitis, unspecified, Cough, Fever, unspecified, Allergic rhinitis, unspecified, Dehydration, Acute gastritis without bleeding

ICD Code J02.9, R05, R50.9, J30.9, E86.0, K29.00

12.Etiology:

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

14.Plan / Details of Management

a.Procedure Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,LACTATED RINGERS INJECTION USP,Administered intravenously,CEFTRIAXONE-TABUK IM,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR 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.,nebulization with ventoline solution,PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION, (CHLORPHENIRAMINE : 10 MG) INJECTION,Intramuscular injection

CPT code 85025,86140,0102-152902-1001,96365,0195-107704-0802,0125-122107-1022,9,94640,0188-135906-2441,0046-111801-0511,96372

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
1267-141614-1111	(ALUMINIUM HYDROXIDE : 225 MG/5ML (SIMETHICONE : 25 MG/5 ML (MAGNESIUM HYDROXIDE : 200 MG/5ML SUSPENSION	SUSPENSION (355ML, PLASTIC BOTTLE	10	Take 1Syrup 2 Time(s) per Day For 10 Day(s) after meal

Code	Generic	Dosage	Duration	Instructions
0005-116801-1161	(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP	SYRUP (120ML, BOTTLE)	7	Take 1Syrup 1 Time(s) per Day For 7 Day(s) after meal
0219-533801-0392	(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE	14	Take 1Tablets 1Time(s) perDay For 14 Day(s) morning empty stomach
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
0397-116207-0391	(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP	5	Take 1Tablets 2Time(s) perDay For 5 Day(s) after meal

Date: 09-03-25(dd/mm/yy)

Doctor's Name DR Amaizah

Signature and Stamp

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

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: 09-03-25(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