1.HealthNet Policy Number I038-000-115298234-01 2. Authorization Code:

2.Patient Name VANESSA LABAREJOS NAVARRO

3.Patient Date of Birth & Sex 09-07-86(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0501746538

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 , HEADACHE , AND FEVER WHICH IS LOW GRADE STARTED 06/03L25

BP IS ELEVATED

O/E :

LOOK IRRITABLE

HYPEREMIC PHARYNX

TONSILS SWOOLEN WITH PUD POINTS

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute tonsillitis, unspecified, Fever, unspecified, Cough, Pain, unspecified ICD Code J03.90, R50.9, R05, R52

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureBlood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,CEFTRIAXONE-TABUK IV,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,(CHLORPHENIRAMINE : 10 MG) INJECTION,nebulization with ventoline solution,PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,Administered intravenously,Intramuscular 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.

CPT code85025,86140,0195-107704-0801,2190-106618-1001,0046-111801-0511,94640,0188-135906-2441,0125-122107-1022,0005-149902-1021,96365,96372,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

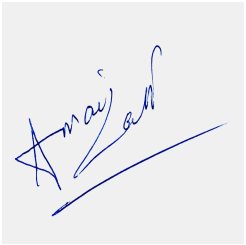
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0027-142201-0832	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (9S, SACHET)	3	Take 1sachet 1 Time(s) per Day For 3 Day(s) after meal
0005-119805-1174	(PREDNISOLONE : 5 MG) TABLETS	TABLETS (40S, BLISTER)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal
0397-116207-0391	(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP	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: 12-03-25(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: 12-03-25(dd/mm/yy) Signature of Insued / Claimint

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HealthNet