1.HealthNet Policy Number: I038-000-116276447-01 2. Authorization Code:

2.Patient Name: MAHMOUD YASSER ALSHIKH MAHMOUD

3.Patient Date of Birth & Sex: 22-09-93(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0505441750

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

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

7.Presenting Complaints:

; SORE THROAT , SEVER BODY PAIN ,ASOCIATED WITH HIGH GRADE FEVER AND SHIEVERING FOR 1 DAY

COUGH WITH YELLOW SPUTUM , RUNNY NOSE WATEry EYES 2 DAYS

ORAL INTAKE REDUCED

NAUSEA

O/ E ; LOOK LETHARGIC ,

HYPEREMIC PHARYNX

swollen tonsils with pus points

CHEST WHEEZING

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAcute tonsillitis, unspecified, Fever, unspecified, Headache, unspecified, Cough

ICD Code J03.90, R50.9, R51.9, R05

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCEFTRIAXONE-TABUK IV,CHLOROHISTOL 10MG,(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,Blood Count Complete Auto&Auto Difrntl Wbc Count,C-Reactive Protein,nebulization with ventoline solution,Administered intravenously,LACTATED RINGERS INJECTION USP,(DICLOFENAC SODIUM : 75 MG/3ML) INJECTION,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 code0195-107704-0801,0005-111805-1021,0125-122107-1022,2190-106618-1001,85025,86140,94640,96365,0102-152902-1001,0135-149902-0512,96372,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

PRESCRIPTION WITH DOSAGE & DURATION

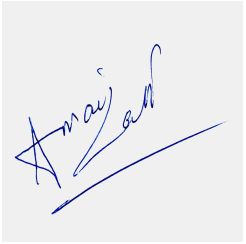
Code	Generic	Dosage	Duration	Instructions
0027-142201-0832	(DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION	POWDER FOR SOLUTION (9S, SACHET)	2	Take 1sachet 1Time(s) perDay For 2 Day(s) after meal
0006-106601-	(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S,	3	Take 1Tablets 2 Time(s) per Day For 3 Day(s) after

Code	Generic	Dosage	Duration	Instructions
0392		BLISTER PACK)		meal
0252-389902-1171	(LORATADINE : 5 MG (PSEUDOEPHEDRINE SULPHATE : 120 MG TABLETS	TABLETS (14S, BLISTER PACK	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal
0219-142902-1451	(CEFIXIME : 400 MG CAPSULES (HARD GELATIN	CAPSULES (HARD GELATIN (5S, BLISTER PACK	7	Take 1Tablets 1 Time(s) per Day For 7 Day(s) after meal
0005-119803-1172	(PREDNISOLONE : 20 MG) TABLETS	TABLETS (1000S, BLISTER PACK)	5	Take 1Tablets 1 Time(s) per Day For 5 Day(s) after meal
6705-602505-3801	(HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION	SPRAY SOLUTION (30ML, SPRAY BOTTLE)	3	Take 1Spray 2 Time(s) per Day For 3 Day(s) after meal

Date: 22-03-25(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: 22-03-25(dd/mm/yy) Signature of Insued / Claimint

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