1.HealthNet Policy Number I038-000-119123345-01 2. Authorization Code:

2.Patient Name SEGU SEYED AKBAR ALI AKBAR ALI

3.Patient Date of Birth & Sex 30-03-86(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0564692300

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

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

7.Presenting Complaints:

pain starting in buccal cavity since 5 days

o/e there is poor mouth hygiene in oral cavity

flu

throat pain

cough

runny nose

chest congesion

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiCandidal stomatitis, Pain, unspecified, Acute pharyngitis, unspecified, Pain in throat ICD Code B37.0, R52, J02.9, R07.0

12.Etiology:

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

14.Plan / Details of Management

a.ProcedurePULMICORT,Blood Count Automated Differential Wbc Count,C-Reactive Protein,nebulization with ventoline solution,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 code0188-135906-2441,85004,86140,94640,9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

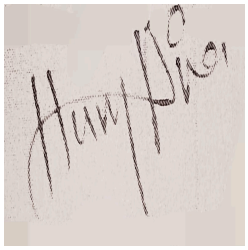
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0006-106601-0392	(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (96S, BLISTER PACK)	5	Take 1Tablets 3 Time(s) per Day For 5 Day(s) others
0195-123701-0391	(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	Take 1Tablets 1Time(s) perDay For 3 Day(s) evening
0097-127405-0391	(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER)	3	Take 1Tablets 1 Time(s) per Day For 3 Day(s) others

Code	Generic	Dosage	Duration	Instructions
0186-140201-1451	(FLUCONAZOLE : 150 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (1S, BLISTER PACK)	7	Take 1Capsule 1 Time(s) per Week For 7 Day(s) others
4884-622202-1171	(SERRAPEPTASE : 10 MG) TABLETS	TABLETS (30S, BLISTER)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others

Date: 31-03-25(dd/mm/yy)

Signature and Stamp



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Doctor's Name Humaira

Physician Code DHA-P-54155530 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: 31-03-25(dd/mm/yy) Signature of Insued / Claimint

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HealthNet