1.HealthNet Policy Number I038-000-121811648-01 2. Authorization Code:

2.Patient Name ALAYNA MANSOOR MANSOOR REHMAN SHEIKH

3.Patient Date of Birth & Sex 15-06-20(dd/mm/yy) ☐ Male ☑ Female

Mobile No.0527053333

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

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

7.Presenting Complaints:

blocked nose.

family history of atopy and allergies,

on exam:

wheezy chest

enlarged nasal turbinates

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAllergic rhinitis, unspecified, Mild intermittent asthma, uncomplicated ICD Code J30.9, J45.20

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureOffice 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 code9

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

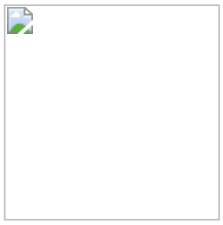
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
1086-123702-1381	(CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL)	SOLUTION (ORAL) (75ML, BOTTLE)	5	Take 5ML 1 Time(s) per Day For 5 Day(s) evening
6396-203703-3852	(SEA WATER : 0.9%) NASAL SPRAY	NASAL SPRAY (30ML, SPRAY BOTTLE)	7	Take 1ML 2 Time(s) per Day For 7 Day(s) before meal
0006-402803-2071	(SALBUTAMOL(AS SULPHATE) : 1 MG/ML) NEBULIZING SOLUTION	NEBULIZING SOLUTION (2.5ML X 40, NEBULES)	3	Take 0.5ML 2 Time(s) per Day For 3 Day(s) before meal

Date: 07-04-25(dd/mm/yy)

Doctor's Name Dr Bushra

Signature and Stamp



Dr. Bushra Mufti
General practitioner
DHA: 75646242-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Physician Code DHA-P-75646242 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: 07-04-25(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