1.HealthNet Policy Number I038-000-121123810-01 2. Authorization Code:

2.Patient Name SHERVONI ISMOILOV

3.Patient Date of Birth & Sex 21-01-00(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0524629392

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

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

7.Presenting Complaints:

patient came with redness,itching,and hot skin.

he took ceftriaxone injection 2 days before.

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

DiagonosisiAllergy status to other antibiotic agents ICD Code Z88.1

12.Etiology:

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

14.Plan / Details of Management

a.ProcedureCHLOROHISTOL 10MG,DEXAMETHASONE SODIUM PHOSPHATE,Administered intravenously,Intramuscular injection,9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000) CPT code0005-111805-1021,0125-122107-1022,96365,96372,9.01

b.Laboratiry Test:

c.Radiology / Investigations:

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

16.

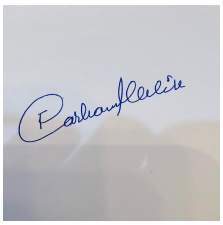
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
0005-119803-1172	(PREDNISOLONE : 20 MG) TABLETS	TABLETS (1000S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others
0320-148701-1171	(LORATADINE : 10 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5	Take 1Tablets 2 Time(s) per Day For 5 Day(s) others

Date: 12-04-25(dd/mm/yy)

Doctor's Name Dr.Farhan Iyas

Signature and Stamp



Dr .Frahan Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
CITICARE MEDICAL CENTER
DUBAI U.A.E

Physician Code DHA-P-6441782 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: 12-04-25(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

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